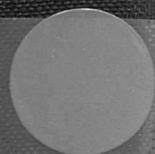
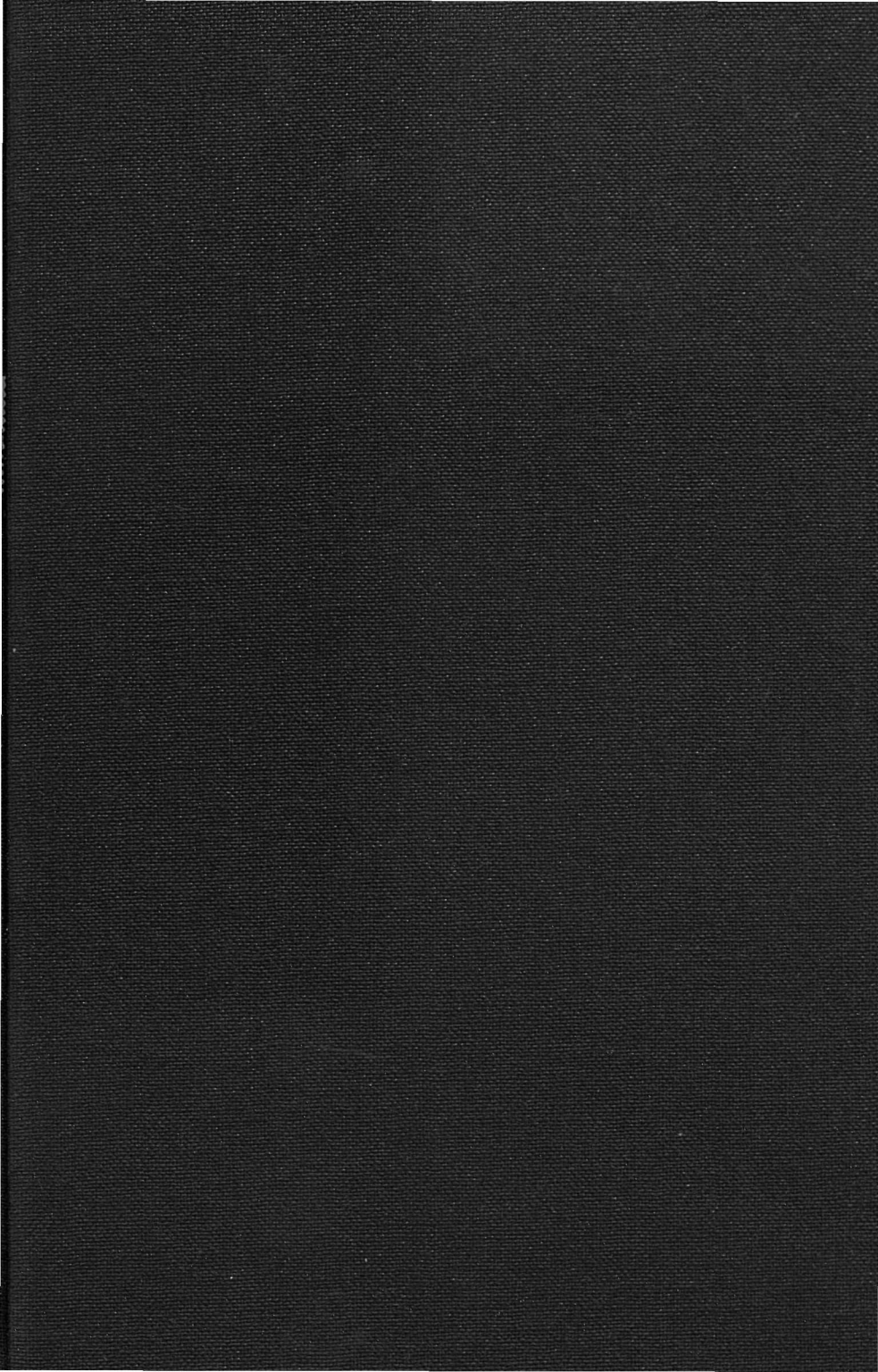


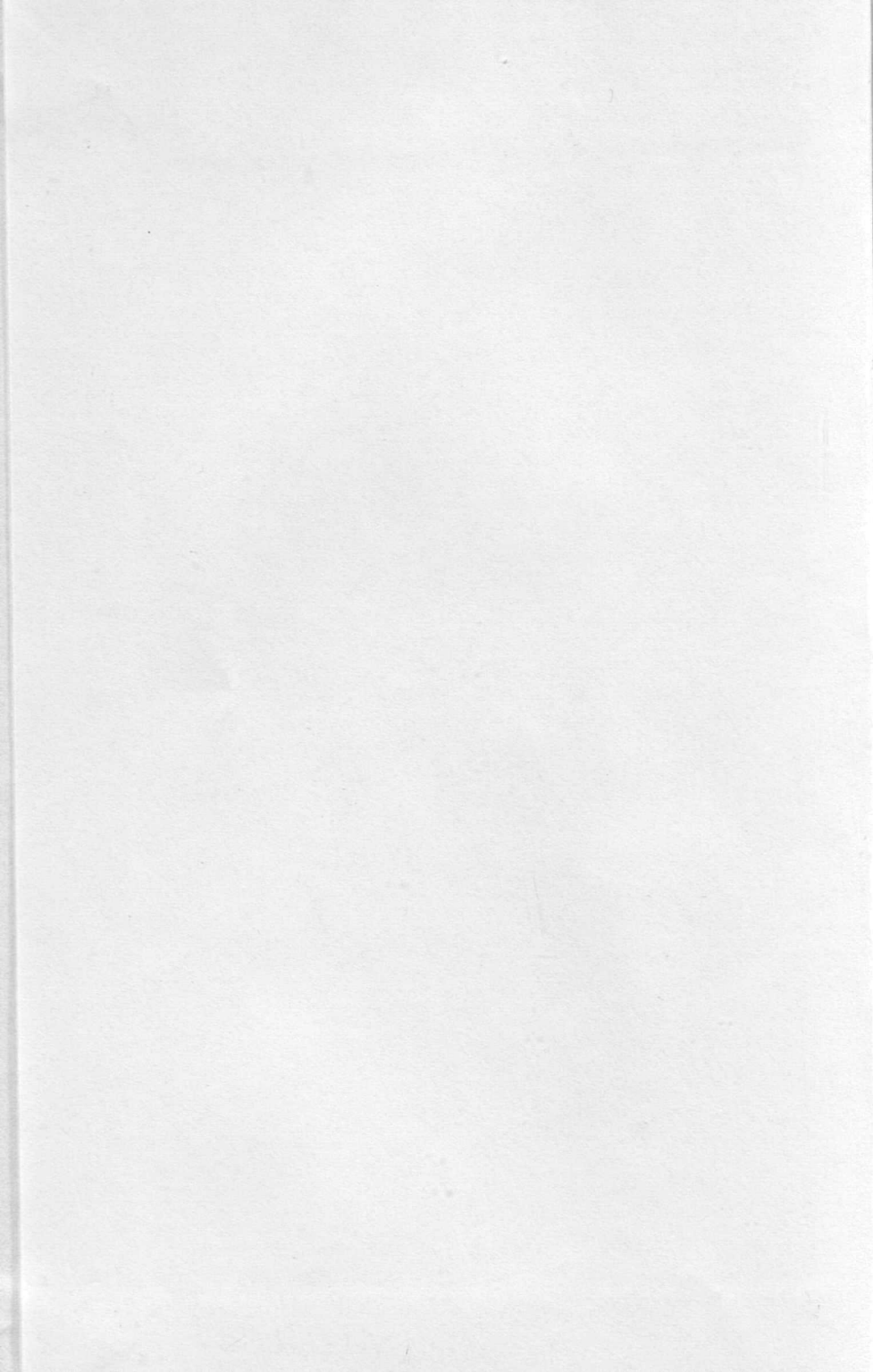
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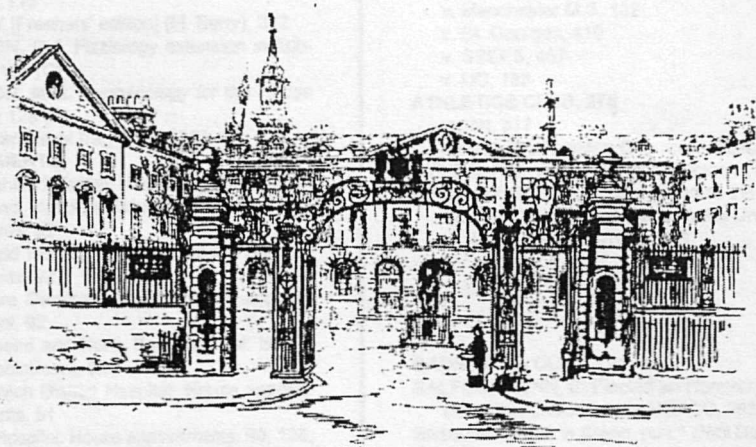






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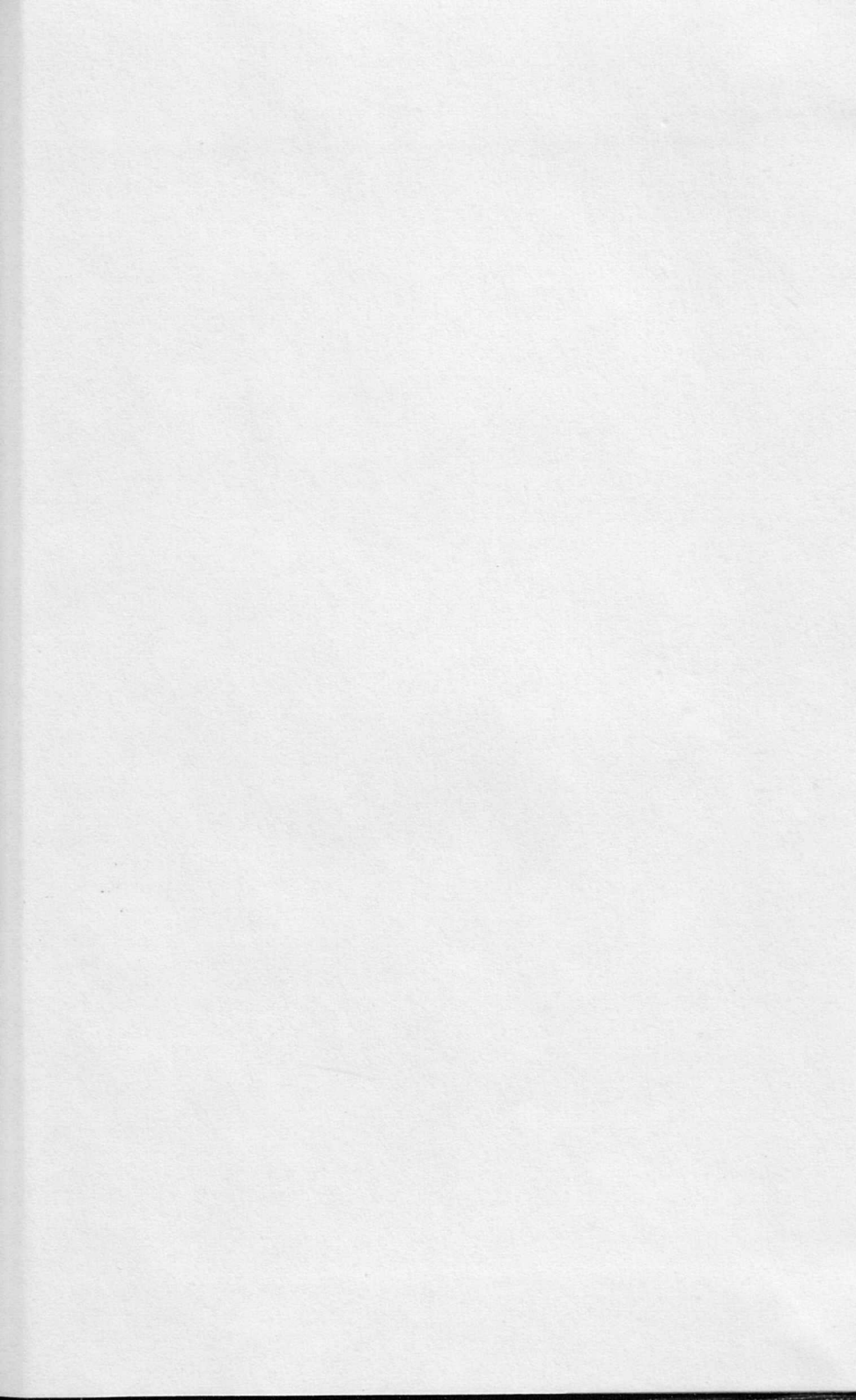
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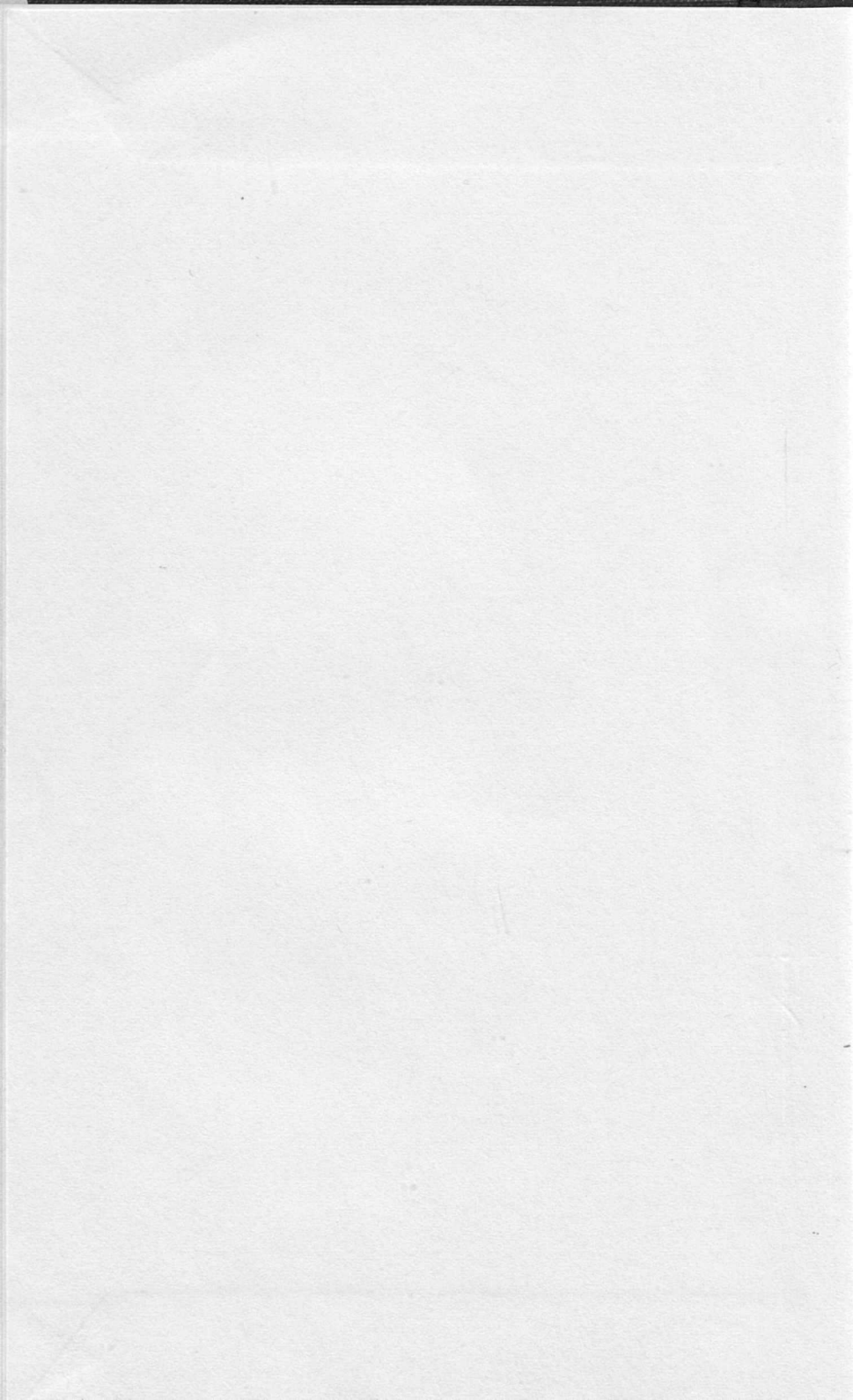
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R U100?

The aim of simplifying therapeutics has often been advocated in medical practice, but polypharmacy and complicated dosage régimes still result in confusion and non-compliance. March will show, therefore, a very significant advance, when the British Diabetic Association starts the co-ordination of the simplified insulin injection scheme. The standardisation of the insulin concentration to 100 units per ml, with syringes calibrated to match, should simply one of the most confusing – and most critical – forms of common, personal therapeutic intervention.

Insulin was first used for the treatment of diabetes mellitus in 1922. Now, over two hundred and fifty thousand people have to use insulin for stabilisation. The dosage régime which has persisted from the outset has now become so complicated after the subsequent changes, that it can confuse practitioners as well as patients. At the outset, the strength of insulin was 20 units per ml, and a standard syringe was designed for this concentration, having a capacity of 1 ml and being divided into twenty equal divisions. Thus, at that time, each division represented one unit of insulin.

Subsequently, matters became complicated with the advent of higher strength insulins of either 40 or 80 units per ml. Thus, each division on the original standard syringe – which persisted – came to represent two or four units of insulin, and was termed a "mark". Thus arose much of the confusion surrounding insulin dosages, for both patient and practitioner. Enquiries indicate that this confusion has resulted in both over- and under- dosage of insulin, with all the concomitant *sequelae*.

Britain has now decided to adopt a single strength system, as used in the United States, Canada, and Australasia. From March of this year, a gradual changeover will be made to insulin in the strength of 100 units per ml, with new syringes calibrated directly in insulin units. Such a conversion will take time: a quarter of a million people must be individually informed of the change, and provided with the new syringes. It is anticipated that the initial changeover will require one year, with a six month follow-up period for further explanation.

Despite the initial expense and time, it is believed that the subsequent benefits in terms of cash, time and compliance will be considerable. It is, of course, necessary for these benefits to be monitored as closely as possible to quantify their extent (or very existence!). It is very likely, however, to reinforce the arguments in favour of greater simplification of other treatment régimes, so that comprehension, convenience and, therefore, compliance, can all be maximised.

Issue 2328

As, no doubt, everyone has noticed, the October 1982 *Gazette* was number 2327, but the subsequent Christmas edition became 2329, instead of 2328. Just to straighten things out, this issue is also number 2329. Apologies for any confusion this may have caused.

Hospitals' Cup Rugby.

Congratulations to the 1st XV for beating King's by 3-0 (a Hackett penalty) in the first round of the Hospitals' Cup, at Herne Hill. In the next round, against the London, on Tuesday 25th Guy's have the home advantage and a good chance to progress to the semi-finals for the first time in several years. *Stop press:* It is with great regret that I must report that the London just won by 9 points to 6 — all penalties. Parry, Rose and Taylor presented a solid forward row; nevertheless, only a few line-out balls were won. An infuriating loss, no doubt perpetuated by the London nurses' *voodoo* on our centres, who played on this occasion that vital degree below par; just wait until 1984...

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Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are February 11th and March 11th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

News in Brief

Professor Ian McColl

Congratulations to Professor McColl, who has been elected to the Board of Governors of the American College of Surgeons as the Governor-at-large from England.

As viewers of BBC2 may know, he also attained mega-stardom shortly before Christmas, with the screening of a "*Horizon*" programme showing his work at Guy's and at Edenbridge War Memorial Hospital.

Dental Clinical Meeting

The Annual Clinical Meeting will be held on Saturday, 5th March, and will follow the usual pattern of two sessions: from 10 am to noon; and from 2 pm to 4 pm. Last year, Professor Rowe gave the newly established W. E. Herbert Memorial Lecture, which Mrs. Herbert and members of the family attended. This was much appreciated as a fitting tribute to the great services rendered by Walter Herbert, and the Lecture this year will be given by Mr. A. D. Robinson.

Floors 22, 23, 25 and 26 will again be used for clinical demonstrations, and there should be numerous trade displays on the clinical floors. As usual, the *Gazette* will be present on floor 23.

Dental Ball

The Annual Dental Ball will be held on the evening of Saturday, 5th March at the Café Royal in Regent Street, at 7.30 pm for 8 pm. Application for tickets to the Ball, at £19.50 per person, should be sent to Miss Sue Young, The Dinner and Ball Secretary, Guy's Hospital Dental Society, Floor 24, Guy's Tower, London SE1 9RT, and should be received by Saturday February 5th.

Guy's Rugby Club Reunion Weekend

Past and present members of the Hospital are invited to attend the annual rugby club reunion dinner-dance which will be held in the dining room of Boland House at 8.00 pm, Saturday, 19th March. Single tickets price £7.50 can be obtained from Dr. T. Gibson, Department of Rheumatology, Guy's.

The annual past v present rugby game will take place at 2.45 pm on Sunday 20th March at Honor Oak Park. Anybody interested in playing against either the current Guy's first or second fifteens should contact Dr. A. Cook, 65 Coleraine Road, Blackheath, London, SE3. Tel: 858 2074.

We hope for a good response to both these announcements, so do not delay.

Guy's Hospital South Wales Society

The Annual Dinner of the Guy's South Wales Society will be held on Saturday, 5th March 1983, at 7.15 for 8.00 pm at the Park Hotel, Cardiff. Dress will be informal.

The Speakers this year will be Dr. Terry Gibson, consultant rheumatologist at Guy's, and Dr. Stephen Challacombe, the Dental Sub-Dean elect. Places may be booked at the Dinner by contacting the Honorary Secretary, Mr. Chris Lewis, Glenhaven, Cardiff Road, Taffs Well, Mid Glamorgan CF4 7PP.

Guy's Hospital West Somerset Reunion Dinner

The Dinner will be held in the Somerset postgraduate centre at Musgrave Park Hospital, Taunton, on Friday 29th April, at 7.30 for 8.15 pm. W. L. Wynn Houghton will preside.

Tickets, at £7 per person inclusive of sherry reception and service, can be obtained from Dr. T. B. Pitts, Weaver's Mead, Curry Mallet, Nr Taunton, TA3 6SY, before 23rd April.

Bournemouth and Wessex Guy's Hospital Society

The twenty seventh annual dinner of the Society was held at the Durlston Court Hotel, Bournemouth, on Friday, 5th November. Mr. I. D. C. Williams was in the Chair, and over forty members and guests attended. At the Annual General Meeting, Dr. J. P. Lee-Potter was elected Chairman for the following year, and Dr. P. Lyxton and Mr. E. H. Archard were re-elected as Honorary Treasurer and Honorary Secretary. Before the Dinner, a badge of office for the Chairman was presented by Dr. G. Cross as a gift, which had been made personally made by him. After the Dinner, the Chairman introduced Professor W. J. Tulley, Dean of the Dental School, who spoke largely on the amalgamation of hospitals and the medical and dental schools.

Past v. Present Hockey

The annual past v. present hockey match will take place at Honor Oak Park on Sunday, 6th March, with bully off at 2.30 pm. Would anyone wishing to play for the past team please inform Mike Appleby (Tel: Chesham 786407) or Duncan Jones (Tel: 01-318 0851).

Stephen Duckworth Appeal: BMA Lunch

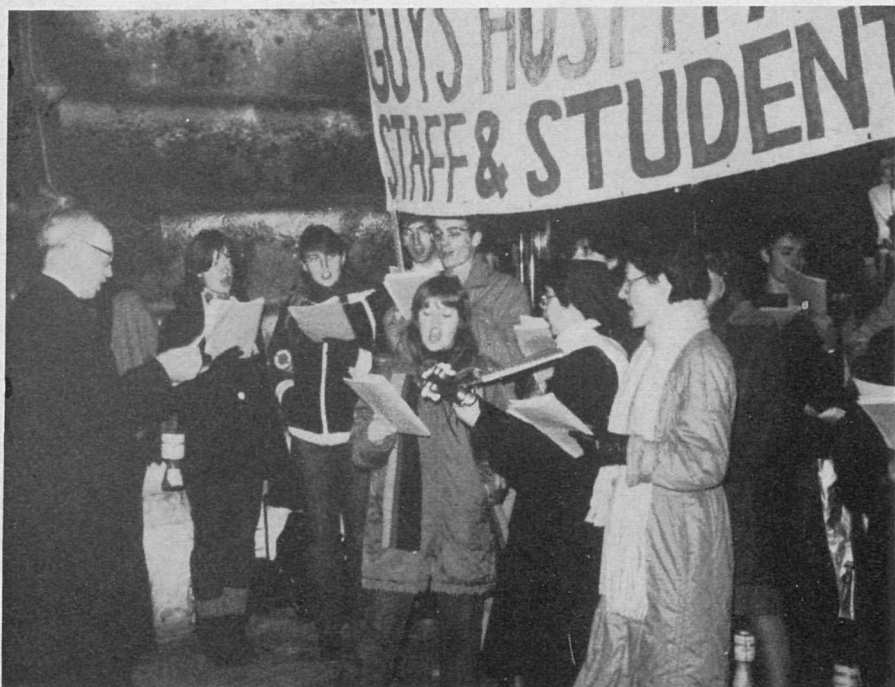
As Mr. Lewis reveals in his letter (*Correspondence* p. 43), the Appeal Fund has raised over £28,000 to help Stephen continue his studies. A substantial portion of this was raised through the British Medical Association from B.M.A. members in the South East of England. This sum, as a cheque for £9,600, was presented to Stephen at an informal lunch, by Mrs. Norma Cosgrave, who helped to organise the B.M.A. Appeal. Dr. John Havard, Secretary of the B.M.A., was the host for the lunch.



Mrs. Norma Cosgrave, Mr. T. L. T. Lewis, Stephen, Dr. John Havard and Miss Rosemary Haines.

West End Carol-singing

On 2nd December the Guy's Hospital Catholic Society joined forces with the Christian Union in a carol-singing expedition to the West End (see picture). After an abortive start half-way up Regent Street, a good pitch was finally staked out in Piccadilly Circus, and carols were sung with enthusiasm until late in the evening – to the amazement of the local constabulary (and, indeed, of most of the passers-by). Many thanks from the organiser, Adrian Treloar, to all who took part: £100 was raised towards St. Christopher's Hospice.



Hospital Saving Association Charitable Trust

The Trust recently made donations of £150 to Guy's Hospital and £50 to New Cross Hospital. Over the last year, some 800 hospitals received over £30,000 between them from the Trust.

Dental Society

The Dental Society is holding the following meetings in the Tower Lecture Theatre, at 5.15 pm. Tea will be served in the foyer at 4.45 pm.

Monday, 7th February

Dental treatment for Boat People in Hong Kong, by Mr. R. T. Proudler, F.D.S.

Monday 21st February

Partial Coverage Gold Overlays, by Mr. B. D. Glynn, B.D.S., L.D.S.

Nightline

S.E. London Nightline began in March 1979 based in the Nurses' Home at Guy's Hospital. Initially run by nursing, medical and dental students from Guy's, students of the Polytechnic of the South Bank and Goldsmiths' College soon became involved. The network spread, aiming to provide a service for all London colleges of higher education south of the river, from the medical school of St. George's Hospital in Tooting, to Thames Polytechnic in Woolwich.

Three years ago Nightline moved to its present office in New Guy's House. The Friends of Guy's generously donated a telephone answering machine, which enables them to receive daytime messages. They continue to provide a regular nightly service thanks to the support of Guy's Hospital Medical School and the Student Unions of South Bank Polytechnic and Goldsmiths.

Anyone can 'phone Nightline for problems, information or just for a chat. The number is 403 6437 and the service is manned (and womanned) from 8 pm to 8 am.

Guy's Park

A rare occurrence at Guy's, shortly before a royal visit (what else could clear the cars?).



St. Thomas' and Guy's Historical Essay Prize 1983

The Lord Brock Memorial Trust, (which is responsible for the old St. Thomas' Operating Theatre near Guy's which is open as a public museum), holds an annual competition for an historical essay on a medical subject. The prize is £100.

Essays can be on any medical historical subject, but should preferably have some connection with either St. Thomas' or Guy's. Intending entrants must obtain approval for their proposed subjects from Mr. B. T. Jackson, Consultant Surgeon for those at St. Thomas'; or from Professor I. McColl, Professor of Surgery, for those at Guy's.

Essays should be typed and of not more than 5,000 words. Three copies should be submitted to Mr. Jackson or Professor McColl. Publication will be encouraged. The competition is open to everyone associated with St. Thomas' and Guy's Hospitals and Medical Schools. The closing date is 31st May 1983.

Newland Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Academic Committee. The value of the Scholarship will be up to £5,000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a year at an institute in Europe or Scandinavia, or whether the time will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £1,000 and is awarded every year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Academic Committee.

In order that applications for the Travelling Scholarships may be considered by the Dental Academic Committee in sufficient time to enable the successful candidates to make arrangements to travel, etc., it is necessary for all applications for Travelling Scholarships for 1983 to be received by the Dean of Dental Studies by Friday, 4th March 1983. The Dean of Dental Studies will be pleased to discuss the matter with anyone who is interested.

Gazette Editorial Changes

Following the retirement of Dr. Mark Powlson after three years as Editor (see Appreciation, p. 16), Mr. Timothy Houlding, formerly Assistant Editor, moves up into the hot seat as joint Editor with Mr. Mark Cronshaw.

Mr. John Latimer joins the staff as News Editor.



The Friends of Guy's Hospital

This year's Christmas fund-raising events by "The Friends of Guy's" have been very well supported and we would like to thank all who helped by attending "*Christmas Magic*" and by giving to, buying from and selling on the Christmas Stall.

"*Christmas Magic*" was a performance of artistry, the knowledge of the flowers and plants used on the arrangements by Mrs. Love enlivened the evening with stories for each arrangement.

The Lucky Programme prize was won by Dr. Christopher and arrangements were won by Mrs. V. Blaikley, Mrs. Maisey and Mrs. Stanley. The Christmas cake made and donated by Mrs. B. Cooper was won by Mr. P. Schurr. The Christmas Stall was manned as usual by The Friends who were prepared to freeze for Guy's. Their efforts raised £942.32. A Christmas cake made and donated by Mrs. Roberts was won by Miss R. Parris.

The Guy's Story – amended

Sue Bruley informs us that Mr. R. J. Cann has pointed out an error in her article "The Guy's Story, 1948–1982" (*Gazette*, 1982 pp. 383–4) which concerned Hector Cameron. He was, indeed, Assistant Physician 1911–1945, but he also held the post of Physician in Charge of Children's Diseases. Mr. Cann suggests that Cameron was the only person to hold two posts simultaneously at the Hospital.

Gazette Christmas Raffle

The Christmas Raffle was again a great success, raising over £800 for the *Gazette*. Mrs. Scott was again kind enough to make the draw, and the lucky prize winners were:—

1. Mrs. C. Chapman, Leyton, London.
2. Mrs. P. B. Franklin, South Molton, Devon.
3. Professor J. Joseph, Anatomy Department.
4. Professor J. A. D. Anderson, Department of Community Medicine.
5. Jane Ingram, Blackheath, London.

This Month's Cover

The cover depicts a portion of the programme for the 1982 Residents' Play.

DATES FROM THE MEDICAL DIARY

February

- Fri. 4—Entries close for the Charles Forster Prize in Cardiology.
- Wed. 9—Examination for the Charles Forster Prize begins.
- Fri. 11—Entries close for the Gillespie Prize in Psychological Medicine.
- Mon. 14—Entries close for the Final Conjoint Examination in March.
- Wed. 16—Examination for the Gillespie Prize begins.
- Fri. 18—Entries close for the Treasurer's Medal and Prize and Baldwin Prize for Clinical Medicine.
- Wed. 23—Examination for the Treasurer's Medal and Prizes for Clinical Medicine begins.

- Fri. 25—Entry forms for the MB BS Examination in June must be left in the Medical School Office not later than this date.
- Entries close for the Michael Harris Prize for Anatomy.
- Entries close for the Gilbert Prize in Rheumatology.

DATES FROM THE DENTAL DIARY

February

- Fri. 11—Applications close for the Final L.D.S. Examination, Part II (Dental Prosthetics).
- Mon. 28—Entries close for the Examination for the Newland-Pedley Medal and Prize in Operative Dentistry.

Obituary

C. W. Wilson, M.R.C.S., L.R.C.P.

Colin Wilson died in hospital in Alderney, on 22nd September, 1982, after a short illness. He was born in Cumbria on 7th September, 1915 and spent most of his childhood in Buxton. He was educated at Denstone College and from there entered Guy's, where he qualified in 1939. Whilst a student he met Maria Rooker-Roberts, whom he married in 1940. He was active in sports and athletics, played rugby football, rowed, put the shot and threw the javelin. The last interest involved him in an accident in which a javelin pierced his forearm and in the pre-antibiotic era it required several weeks of devoted nursing to make the wound heal.

After house appointments at Guy's and the Brompton Hospital, where he developed a great interest in diseases of the chest, he entered the medical branch of the Royal Navy and saw service largely with the Royal

Marines. On demobilisation in 1946, he decided that it was not practicable for him to return to hospital appointments and he joined his brother in general practice at Tean, Staffordshire. He soon developed medical interests outside his general practice, when he secured appointments as Medical Officer to Moor Court Open Prison and Stallington Hospital for the mentally handicapped.

For three years after the war, the Wilsons went to Sark for their holidays, as Maria had gone there every summer as a child. Colin, however, was intrigued by the larger island, which on a fine day he could see to the N.E., and the following year they decided to spend one week in Alderney and the other in Sark. He knew Alderney was the place for him to retire to. The next few years saw canal holidays. They had bought a narrow boat from British Inland Waterways and restored it together, in sections in their home.

In 1966, they returned to Alderney and two years later they bought holiday accommodation and a plot for building their retirement home. From then on they went to Alderney several times a year and soon after his retirement in the autumn of 1975, they were able to move into their new home where they were fortunate in having almost seven very happy years together. They created a lovely garden in what had been a wilderness and took great pride in this achievement. Colin felt that he had finished with medical practice when he retired and declined locum offers, but he was always willing to lecture at St. John's courses.

Colin was a cheerful optimist who thoroughly enjoyed life. He is survived by his wife, a son and two daughters.

W. G. T.

Abraham Abe Shein, M.R.C.S., L.R.C.P., D.A.

Dr. A. A. (Abe) Shein died after a short illness in May 1982, aged 67 years. He was educated at Christian Brothers' College, Kimberley, and gained a 1st class London and South African matriculation in 1931. In 1932 at the age of 17 he entered Guy's. He played rugby, cricket, and later squash, and captained the squash team. It was a game he very much enjoyed and played all his life.

In the thirties, when there was keen competition for house jobs at Guy's, he held the usual posts, and then became one of the first resident anaesthetists. This post had only recently been created and offered tremendous experience. Soon Abe became a very efficient anaesthetist at a time when good anaesthetists, including Abe, immediately improved the standard of resident anaesthetists throughout the Hospital. The minor operation sessions in out-patients on Wednesday and Saturday mornings, and the minor dental extraction clinics became safer and more tranquil occasions. The "gas" sessions changing from that of a smash and grab raid, to the calm of a tea party.

At the outbreak of war, Abe was enrolled in the Emergency Medical Service. He soon became indispensable at Guy's, dealing with routine surgery and war casualties. In addition, he worked with a mobile team in South East London, and at Preston Hall with the Dunkirk casualties. At Guy's

there was one large operating theatre in the basement under the "out-patients". The conditions were primitive however, but six operating teams could be accommodated and their close proximity allowed one anaesthetist, with the help of students, to be responsible for two or three patients at the same time. Abe was superb at this, and he kept an eye on all that was going on in the theatre and occasionally would whisper in the ear of an experienced surgeon *"when you have a moment Mr. X would be grateful for your assistance"*. He would also check on the state of patients upstairs being resuscitated in anticipation of surgery, see how they were faring, and decide if their operations should be brought forward or delayed. Throughout all this Abe was tireless, cheerful, and unflappable. This was his finest hour. Towards the end of the war he joined the R.A.M.C. and served in Greece and the Middle East. On completion of his army service he returned to Kimberley, where he worked as an anaesthetist for the rest of his life.

He was a good faithful friend, always ready to help, and he will be missed by his many colleagues and friends in various parts of the world. We extend our deepest sympathy to his family.

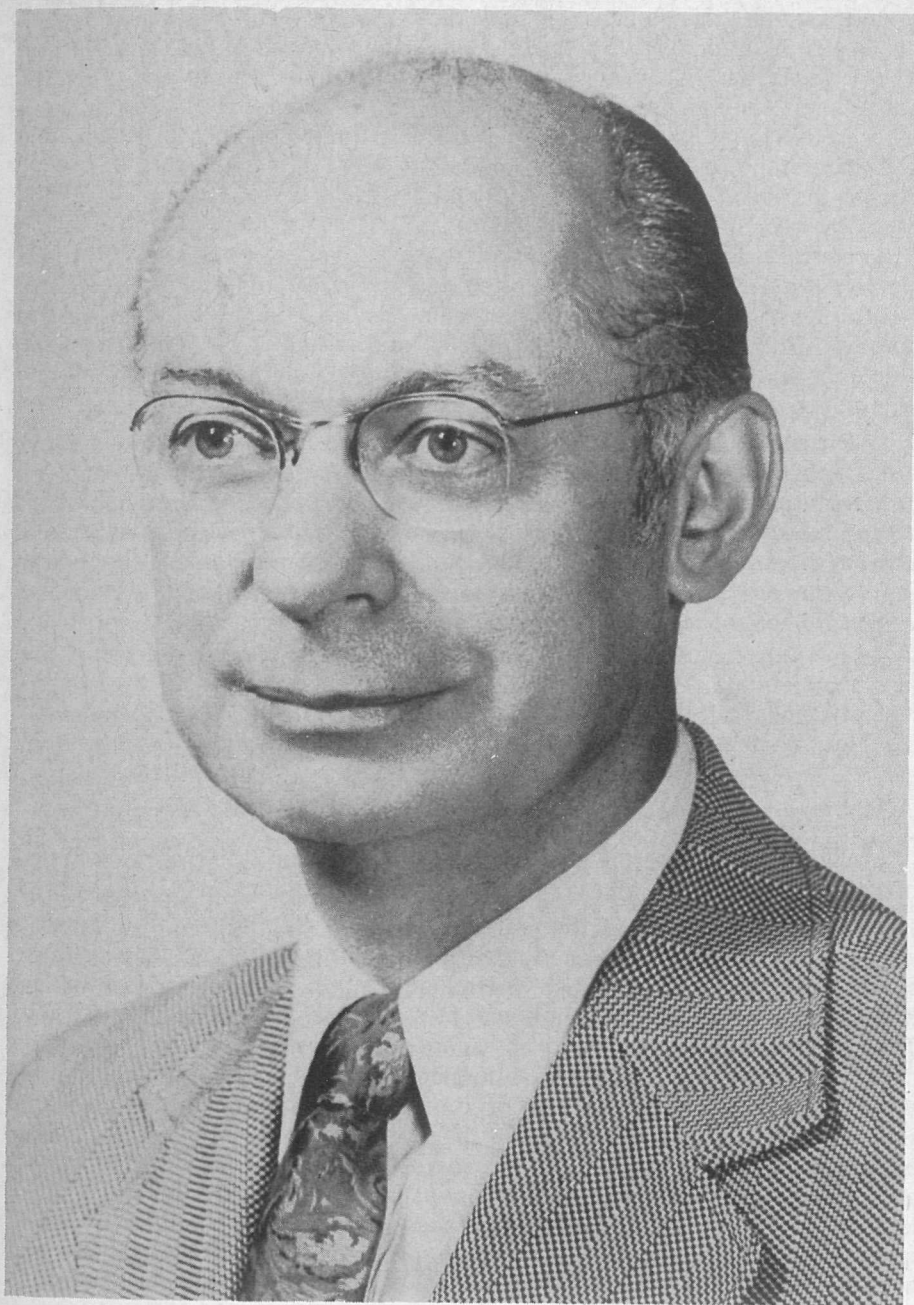
F. R. K.

Appreciation

Professor Jack Joseph M.D., D.Sc., F.R.C.O.G.

More than one hundred people, including many men of eminence and distinction in the Hospital and Medical School, gathered in the Staff Common Room on the afternoon of September 30th of last year, to give honour to Professor Jack Joseph, on the occasion of his retiring from the headship of the Department of Anatomy. Some five hundred of his friends and one-time pupils contributed to the farewell gifts which were presented to him, in token of the affection in which he is held by so many more who had profited by his anatomical teaching in the past thirty seven years.

Professor Joseph was born in 1913, in Glasgow and received a sound education at that city's well-known Hutcheson's Boys' Grammar School. From there, he entered the University of Glasgow Medical School with a Scholarship, and qualified with commendation in 1936. The next five years were spent in the clinical sphere, during which time he gained the Membership of the Royal College of Obstetricians and Gynaecologists, and the primary F.R.C.S. (Eng). He then entered the Anatomy Department of University College, London, as a Lecturer. After a short period of Army service, he returned to London and came to Guy's in 1950. He worked ever more prodigiously – being successively awarded the M.D. from Glasgow, the D.Sc. from London, and his F.R.C.O.G. The title of Professor of Anatomy was conferred on him fifteen years after his advent at Guy's.



Jack's labours did not cease. He taught anatomy on a regular basis, in all the major courses in his subject, to hosts of medical and dental students – as well as being a perennial lecturer to speech therapists and physiotherapists. For years, he examined for the English and Glasgow Fellowships, as well as for B.Sc., Ph.D., and M.Sc. degrees at several universities. His twenty seven research publications have considerably influenced our understanding of transplantation and wound healing. A further twenty six, on the locomotor system, vastly improved our knowledge of functional myology and human posture. These, together with a further eight publications on the nervous system, testify to the vitality of his interests in anatomy. He wrote nine books before his retirement, of which his *Manual of Human Anatomy*, and his scholarly work on Man's Posture, ensure that his name will endure in the memory of generations of readers. A rough calculation indicates that more than ten thousand people are indebted to him for his aid when they were acquiring their anatomical knowledge.

Professor Joseph was always accessible to a wide variety of people, not only because of his academic prowess, but also because of his love of art, architecture, theatre, cinema and, not least, the ballet. At the peak of his career, he wrote some thirty six articles for the *Gazette* on these aspects of London life, a convincing testimonial that his own work was not confined to the scholar's desk. His continuing interest in the Arts suggests that love as well as reason made possible his prodigious output of work.

M. B.

Dr. Mark Powlson, B.Sc.

With the retirement last month of Mark Powlson, the *Gazette* lost one of its great editors, as well as one of its most long-serving.

Mark came to Guy's from Bedford Modern School in 1976, to read medicine. He first joined the *Gazette* staff in May 1979 as News Editor, during the last month of an intercalated B.Sc. course in Physiology. (Previously, he had spent about a year as a principal editor and contributor to *Tablet*, a fortnightly student newspaper at Guy's – which has since dissolved). He ascended to the editorship in January 1980 and, during the three years of his tenure as sole or joint editor (initially with William van't Hoff, latterly with Mark Cronshaw), the *Gazette* has been of a consistently excellent standard. This is not just shown by the quality of the thirty or so editions for which he has been responsible, but also by several hidden factors. There is now a greatly increased quantity (and quality) of spontaneous copy being submitted, which, in turn, enables greater selectivity and a better result: for the last two years, the *Gazette* has usually had a full edition's worth of good extra copy in the reserve file – an almost unheard of luxury for a journal of this type. Another sign of his success is shown in the number of subscribers, which has risen in 1981 and 1982, after years of steady decline.



In editing, his command of syntax and vocabulary was remarkable, and his own writing had an enviable variety of styles (and pseudonyms!). He had a comprehensive knowledge of production methods, and it was due to his experience that the changeover from hot metal to offset photolitho printing was done so smoothly last May. Finance, of course, has been a considerable difficulty over the past three years: rising printing costs, difficulty in finding advertisers, and investigations into other sources of revenue have all required much time. Mark's administrative ability and adherence to our manager's cost targets – despite the temptation to produce 'bumper' editions with all the extra copy – have paid off. The *Gazette*, from being in some danger, has actually added to its reserves during his tenure, and with the recent increase in the subscription rate, as well as the increase in subscribers, its future looks more assured.

During his time at Guy's, Mark also found time for many other things. At various times he was treasurer of the Theatre Club (for three years), and of the Pupils' Physical Society; secretary of the Constituent Clubs' Committee; Vice-President of the Clubs' Union; and Chairman of SMEC. A man of considerable stature, athletic endeavour was not his *forté* – he once confessed to playing a game of snooker for the exercise. Nevertheless, he has been sighted playing cricket for Guy's – in the captains' belief that he (*Leaping Cougar*) was certainly wider, and possibly more mobile, than a plank in the outfield. Latterly, he has also been observed playing some (coarse) rugby and has just retired as goalkeeper for the *Spirochaetes* hockey team.

Despite a slight and unexpected delay in June, he qualified by Conjoint in September of last year – whilst still twenty three – and graduated in December. He goes to work at the Kent and Canterbury Hospital. We wish him well.

M. C. & E. B.

Clubs' Union News

As you will have read in the last edition of the *Gazette*, I've been standing in for Lawrence Maule while he's away on his elective. Subsequent to the elections held on 14th January, I'll be taking over as President for the

next year, as from 22nd February, the date of the Clubs' Union A.G.M. John Edwards and Tim Lloyd will be the Vice-Presidents, medical and dental respectively. The poll was an encouragingly high one, and I hope that enthusiasm will be carried over into the elections for the other Union posts (not completed at the time of writing) and also into the forthcoming events in the Union calendar.

Remember! It's your ideas and opinions I want to hear. When elections are completed, you will all have your own Year Representatives – and their name describes their job very well: they are elected to represent the ideas of that particular year to myself and the other senior members of the Committee. So, if you can't manage to find me in the spit, the bar or the snooker room, then let your Year Reps know what you think, or leave a note in my pigeon hole (bottom left of the ones next to the shop).

In addition, I'll be letting you know more of what's going on around Guy's – John and I will be putting out a newsletter in the near future concerning matters discussed in the various meetings we attend, and other important decisions concerning you in your life at Guy's.

I'm looking forward to my year as President – I hope you'll help me make it a successful one.

Snowflake Ball

I can't let this report go by without saying a big "Thank You" to everyone who was concerned with organisation of the Snowflake Ball, especially (of course), Sarah Wollaston. It was the most action packed and varied Snowflake in my time at Guy's; it was certainly a very enjoyable evening.

With the price of the Snowflake being as high as it was this year, there are rumblings from some quarters as to whether the Ball should be held outside Guy's in the future. I hope to circulate a questionnaire very soon to gain other opinions on the matter, and to assess the popularity of the Snowflake in its current form.

Nut Week –

Yes folks! Nut Week is here again. I'm not sure of the exact dates at the present moment – but keep early February free. Please be enthusiastic in your support of the events – the money is being put towards two very costly pieces of medical equipment, namely a portable defibrillator, and a portable incubator unit, costing around £9,000 in total. So, a lot of uninhibited participation is required! If you wish to help in any way, please contact Astrid Cunningham, or leave a note in the Charities Week pigeon hole.

So, enjoy yourselves – and start those ideas flowing!

(Many thanks to the landlords of the following pubs who were kind enough to donate prizes for the casino at the Snowflake: – *The Loose Vine, The Grapes, The King's Head, The Horseshoe, The Guy's Arms, The Miller of Mansfield, The Valentine and Orson, The Globe, The Leather Exchange Tavern, Doc's Diner, The Whitesmith's Arms, The King's Arms.*)

Simon Ward

Dental Notes

by A. D. Robinson

The Old Dental School

My photograph and remarks in the November issue regarding the basement area shown produced a letter of comment, for which I am grateful, from Miss S. M. Carnall, Development Works Administrator. She confirmed several of my observations, but added "*In fact it was full to the gunnels with calorifiers and other engineering plant*". It seems that there were two tunnels leading off in which there was often to be found water, ankle deep (a bit like floor 24 of Guy's Tower?).

International Prosthodontic Symposium

I was fortunate enough to be able to attend an International Prosthodontic meeting on 25th to 27th November. This event was a function of the Metropolitan Branch of the British Dental Association and a very ambitious undertaking. Lectures were given in the mornings by speakers with international reputations and "Workshops" occupied the afternoons. The meeting was opened by H.R.H. Princess Margaret.

Gazette readers will be interested to know of the prominent part played by Guy's people in this outstandingly successful meeting. Mr. H. W. Preiskel, as President of the Branch, was in the Chair and Professor D. J. Neill jointly organised the workshops. Dr. J. W. McLean, always a great speaker, gave of his absolute best as one of the lecturers. A group of Guy's students had been recruited to act as stewards, which they did with calm efficiency deserving of much praise.

Dental Dinner – 27th May 1983

The Dinner will again be held in Boland House this year. Mr. R. C. Bret Day will be presiding. The guest speaker will be Professor W. J. B. Houston, Dean of the Royal. In view of the impending merger of our two schools this is likely to be an historic occasion.

As reported in a previous edition of the *Gazette*, it has been decided by the Dental Society Committee that in 1984 there will be a return to the old arrangement, namely a Dinner on Clinical Day. The Ball will be a separate event on another date. It is to be hoped that *Gazette* readers will pass on this information to any of their friends who may not be readers. The 1984 dinner may turn out to be even more historic than 1983.

Application forms for this year's function have been sent to all Guy's dentists whose names are in the blue book. I can supply spares if requested.

I am both glad and sorry that we have recently seen Mr. F. S. Warner, glad to have seen him, but sorry that at the time he was warded with a nasty attack of shingles. For the sake of younger readers, I add that Mr. Warner was Dean of Dental Studies when he retired in 1968, having served twenty-two years in the Deanery.

Whose Life Was It, Anyway? ... A Houseman's Tale

The Residents' Play, December 1982

Reviewed by Brendan Hicks

The Play celebrated its return to the Physiology Theatre (beautifully refurbished, owing to the generosity of Mr. and Mrs. Philip Harris) by a move back towards its ancient origins as a "revue" rather than a "stage musical". Thus the plot and satire were less prominent than the gusto and humour of the evening, laced though this was by the usual wickedly irreverent parodies. Memories of the old "Christmas Show" would have been recalled for Guy's men and women of yore, yore in this context meaning pre-1970!

The opening number, in the style of "The Rocky Horror Show" had the lads and lasses of the House in the guise of punk transvestites, with here and there a touch of Neolithic, gyrating pelvises and other parts in . . .

Time Waste Song

Its frustrating
Youth is fleeting
House jobs take their toll
We hope its not
Not for very much longer
Or else we'll lose control.

I remember
Doing the time waste
Drinking those moments when
The lecture should have
And the bar would be calling
Lets do the time waste again.

Chorus

Its just a jump to the left
Then a step to the right
Put your hands on your hips
You bring your knees in tight

And its the pelvic thrust
It nearly drives you insane
Lets do the time waste again

If only COHSE
Or maybe NUPE
Would make it easy
To find a bed
Financial restriction
With health service extinction
It is making
Me, see bright red.

With a bit of hypnotic
And an anti-emetic
You can sit back into your seat
Its the start of Revue time
And have a good time time
Lets do the time waste again.

Chorus

The Clinical Superintendent, or at least we believe it was him (or perhaps it was Nick Fletcher), was almost compelled even at this early point to "call a halt due to financial restrictions", but somehow the tale, and Snow White herself, unfolded. Here was the star of the Play, Aaron Brooker playing a ballotable and pathologically pale princess with splendid stage presence and verve. The quasi-puns were soon, of course, richly horrible. The doctor "... a small intestinal-looking man with Graves hair ... lymphed into her bedroom where she was Ceiomyoming with her head proptosed on two Curhings . . ." etc., etc. Now the dermatological team of Charles Snells (Ted Rose) and Big Mac (Nick Jones) arrived to pass judgment, soon to be distracted into a powerful reminiscence and rendering of . . .

The Monster Rash

I was working in the clinic, late one night,
When my eyes beheld an awesome sight,
My patient from his couch began to rise,
And suddenly to my surprise,

He had a rash
It was a macular rash
It was a rash
It was a clinical smash
It was a rash
It came up in a flash
It was a rash
It was a monster rash

The macules turned to papules and they were red,
 And the whole damn thing began to spread,
 In no time at all it affected his eyes,
 And suddenly to my surprise,

He had a rash
 It was an inflammatory rash
 It was a rash
 It came up in a flash
 It was a rash
 It was a monster rash

The papules turned to pustules which were ready to
 burst,
 Of the rashes that he'd seen, this was the worst,
 Flucloxacillin is the drug that we need,
 And certainly they all agreed,

She had a rash
 Erythrodermic rash
 It was a rash
 To be caught in a flash
 It was a rash
 It was a virulent rash
 It was a rash
 It was a monster rash.

Time for a joke: "Being a houseman is a bit like being a mushroom. Most of the time you are kept in the dark. Then, just occasionally, someone opens a door . . . and throws a bucket of — all over you". Then we were back to curing Snow White who only narrowly escaped the dreaded renal team. Cameroon was played by James Gildersleve and Snogg, swinging around the stage in simian costume and posture, by Simon Davies. A rapid-fire exchange of data, backed by tides of stock prices and the like, ended in the final expiry and prompt de-plantation of the renal HP (Mary Illingworth). After more revue "funny business" and a jokily laconic "PR Blues" from Paul Ridley, we were back into one of those production numbers, this time in boaters and blazers and pretty frocks, to another familiar tune . . .

The Houseman Cometh

It was on a Monday morning the GP came to call,
 The girl was looking white and really wasn't well at all,
 He wrote a little note to Guy's which said please see and
 treat,

And stuck her in an ambulance towards St Thomas'
 Street.

Oh, it all makes work for the houseman to do.

It was on a Tuesday morning the patient came to see
 A surgeon on the second floor *not* drinking cups of tea,
 Please take a seat young lady, your notes were hard to
 find,

Just eat more bran its clear to all, constipation such a
 bind.

Oh, it all makes work for the houseman to do.

It was on a Wednesday morning to the gynae firm she
 went,

They passed a chilly speculum and a specimen they
 sent,

With all the private practice you'd have thought they'd
 get it right,

But without a drop of research that lot can't be very
 bright.

Oh, it all makes work for the houseman to do.

Twas on a Thursday morning the urologist came round,
 They called two dozen students up and said, "look what
 we've found,"

The girl is none too well you see, she needs an IVP,
 We'll send her down to theatre now, for a quick
 cystoscopy.

Oh, it all makes work for the houseman to do.

Twas on a Friday morning the psychiatrists were called,
 Since all the other doctors were well and truly floored,
 Hysterical conversion, her family's a mess,
 With all those randy dwarfs around it must be due to
 stress.

Oh, it all makes work for the houseman to do.

On Saturday and Sunday consultants do no work at all,
 But the weary, bleary houseman is eternally on call.

Blithely oblivious of Discrimination Boards and all that, the Residents opened the second half of the Play with a lively spoof of Rastafarian fashion in dress, talk and music — as applied to pathology . . .

Dangerous Diseases

'Cos every day we's getting out of our pyjamas
 I say wha' happen' to de bacon an' tomatoes
 Why can' I see you 'for de breakfro'
 'Cos dese things for de houseman ain't easy
 'Cos every day de work start early
 'Cos de patients dey are poorly.

Chorus

'Cos dey stricken wi' diseases, Oh yeah,
 From de dangerous diseases, Oh yeah.

I'm talking 'bout the elephantiasis
 The other one is de poliomyelitis
 Arthritis and de one diabetes.

I'm talking 'bout de villous papilloma
 But they died of squamous carcinoma
 Gastritis and de ulcerative colitis.

They got de Querrain's Thyroiditis
 The other one is de thrombophlebitis
 Dey ichin' wi' de neurodermatitis.

I'm talking 'bout de rheumatoid arthritis
 Wi'd which we got de tenosynovitis
 Orchitis and de pericarditis.

I'm talking 'bout de brittle diabetes
 Wi' de glomerulonephritis
 I smoke, I got de Buerger's arteritis.

I'm talking 'bout de central chest pain
 Wi'd which we got de ST elevation
 We got de T wave inversion
 We got de cardiac infarction
 We's heading for de cemetery
 We's heading for de cemetery
 We's got de six foot box
 We's heading up to heaven to meet you, Jah.

When a certain Dr. Spott arrived (Nick Fletcher) complete with case and sheepskin jacket within moments of Snow White's haemoptysis, we sensed some more earnest parody was on its way. Sure enough, after some minutes of real life drama (could it really *be* like this?) concerning a daring night-raid on the X-ray department to actually retrieve some films for the ward-round, we were indeed plunged into the Chest Meeting. There was Bo5 Sprite (Paul Cullinane), surely one of the best characterisations of the production, with or without the French bread roll. Here were Andy Launderers (Simon Davies) laundering exactly and Sheila Rankling (Anne Stebbing) rankling charmingly. The script was good enough to have been lifted directly from a real Chest Meeting, a delight from apex to angle.

Pulmonary Confusion

When your patient's got a problem pulmonary
Or a mystifying lesion on the lung,
Please bring his pictures with you to the meeting,
And we think that Thursday lunchtime is such fun.

If you're lucky to be resident in Guernsey,
Or you've bought a maisonette in Edenbridge,
Then we'd love to show your X-rays at our meeting
And we hope you'd find it was a privilege.

If the shadows on an X-ray are confusing,
And you cannot tell the black bits from the white bits,
Then *only* if you bring them to our meeting,
Will you ever satisfy our appetite.

When finally your lung fields leave us flummoxed
And Bob and George have tried as hard they can
Then Sheila Rankling's always at our meetings
And her tomos area's good as any man's.

Extra hilarity was again provided by the background projections, all assembled and arranged by Duncan Walker, which included a number of famous Guy's personalities and one of Bob Sprite's sheep, not necessarily in that order, several engaged in unlikely activities, including Bob and his sheep. The Meeting ended with the inevitable referral for bronchoscopy, to whom else but JR (GUY'S JR, not Dallas's). Snow White grew paler then oddly flushed at the very thought, huskily oozing into . . .

John Rees Adoration song

The reason why I sing this song is easy to explain,
Accompanying my pallor is a really awful pain,
It starts just here, it radiates;
To relieve it I don't know what's best: _
I've a suspicion that I need someone to examine my
chest.
Oh how I'd love to be,
Examined by John Rees -

He would percuss me so seductively,
One finger only for each bronchial tree. He'd say
Take a deep breath for me and
Now whisper 1, 2, 3 . . .
He'd be so intractably SOBOE,
I'd try to persuade him to *ventilate* me.
But if he was in form he'd see,
My problems are not merely pulmonary,
Just look at my E.C.G.

The bronchoscopy done, next in line was the cardiological opinion. Enter handsome debonair cardiologist Paul C (skilfully played by James Gildersleve), to swish through a lightning examination and dictation to attendant handmaiden (or was it the pocket recorder that night?) . . . "Hello, Paul here . . . CY-O, CL-O, LV-O, RV-O, P60-140, knit one, purl one, dropped one . . ." etc., etc. And so to a take-off of the pop-tune, but this time laid heavily on one of our own . . .

You're So Vain

(Dedicated to a follower of P waves)

You wedged in with your Swan Ganz,
The girls had just finished your hair,
You had suspiciously viewed the ECG,
The J and K waves just weren't there.

It was the foothill of Fibrillation,
The atrial mood wasn't right,
And all the boys dreamed that
They'd be your partner,
They'd be your partner, 'cos,
You're so vain.

I bet you think this song is about you,
You're so vain,

I bet you think this song is about you, don't you, don't
you.

You cath'd me several infarcts ago,
My myocardium was still mauve,
You ajmalined my greasy node,
You swore my VT would leave
But you broke my heart with your silicone smile,
My R waves really showed the strain,
And all the boys dreamed that
They would infarct them
They would infarct them, 'cos,
You're so vain,
You're so vain,
You probably think this song is about you, don't you,
don't you.

Paul C naturally cured all. Snow White joined the Company, which included in addition to those already named the acting-singing-dancing talents of Sally Brown, John Dixon, Claire Elliot, Alvon James and Jolyon Powney, in a cystic final chorus . . .

Hi Ho

Oh no, oh no, oh no, oh no, oh no,
Oh no, oh, no, it's off to Cas we go,
Some drunken Mick is feeling sick,
Hi ho, hi ho, and there's no bed for him
He'll have to find more gin,
Back on the street, we need more sleep,
Hi ho, hi ho, hi ho.

Hi ho, Hi ho it's off to Cas we go
For a stomach washout, I'll happily shout
Hi ho, hi ho it's off to Cas we go
What joy to see a head injury
Hi ho, hi ho.

The problem is we're sick of calls,
About bed pans and harmless falls,
But the bane of our life is this,
IV's, IV's, IV's, IV's,
IV's, IV's, IV's, IV's.

Beverley, why cannot you see
So many IV's bring us to our knees
Oh, please, oh please, night sisters
Pull your weight, you must appreciate
It's not our job, you're on the fob,
That's right, Good night!

FINALE

We hope you're sated,
Truly elated,
Bad jokes, made you groan
We enjoyed it,
Wanted it to be longer,
But how time has flown

We remember,
Back in November,
Rehearsing those moments when,
The work would be pressing
And the bleep would be bleeping
Let's do the whole thing again

It's just a jump to the left
And a step to the right
Put your hands on your hips
You bring your knees in tight
And it's the pelvic thrust
It nearly drives you insane
Let's do the whole thing again

Hope you all are
In a blissful stupor
While you stagger back to your home
It's the end of the Revue time,
Have a good time, time
Let's do the our house jobs again

And so into the cool air of the Park, a tired but happy cast, and a happily entertained audience. The orchestra of David Calver, Dick Glazebrook and Phil Timms, under the leadership of Clive Handler, met the challenge of The Residents' voices with courage and much musicianship, and to them all credit. I confess to expecting from the modern overture and opening – heavy percussion, synthesiser and all – a show musically miles from the Gilbert and Sullivan sound, so I was slightly disappointed that so many of the melodies were borrowed. While the lyrics were enjoyable, future residents may like to know that it used to be traditional for registrars, JR's and even the occasional consultant to be dragooned into contributing songs to the Play, which made

for variety of style *and* an easier life for authors and producers! Nevertheless, I am lost in admiration for Paul Cullinane who drafted the script and produced and directed the Play, a huge task to be combined with a busy job. To him, and all the Residents, and the musicians, and the others who helped to make it happen, I and the audiences who enjoyed it so much, offer our sincere thanks.

The Prosthetic Society of South Africa

by Professor D. J. Neill

Durban was the scene of the Diamond Jubilee Meeting of the South African Dental Association, from the 10th to 14th May 1982 and, as I had been invited to present a course to the Prosthetic Society of South Africa and to deliver the annual Fred Hossack Lecture on the previous day, I was included in the scientific programme of the Jubilee Meeting.

Although the dental profession in South Africa is small in numbers, it is estimated that 75% attended the meeting. It was an object lesson in how a meeting should be organised and despite problems arising from foreign lecturers being separated from their slides in transit, and last minute failures of some to meet their commitments, the Organising Committee was able to reschedule other contributions to ensure a coherent and attractive programme. The social activities were similarly the product of faultless planning and my fellow overseas speakers and I were recipients of the most generous hospitality.

My schedule also included lectures at the Dental Schools at Pretoria, Witwatersrand, Stellenbosch and Western Cape. During the course of these visits my wife and I had the pleasure of meeting many Guy's dental graduates: Professor Staz, former Dean of the Dental School of Witwatersrand, who is now 82, and still active as Professor of Oral Surgery at the University of Western Cape sported a Guy's tie to mark my visit. Among those in Durban attending the meeting were C. E. Sharland, a Newland Pedley prizewinner in 1938, who formerly practised in Rhodesia and has now moved to Simonstown. Otto Hallamanderes (1943) is practising as an Oral Surgeon in Durban. W. J. (Wally) Wolfson (1948) is in general practice in Cape Town. P. W. J. (Piet) Bossman (1951) is in Kimberley. Lyndon Howard (1957), another Newland Pedley prizewinner, is in Howick, and Ivan Moselle (1957) is in Johannesburg. Alan Froom (1967) is in practice in Port Elizabeth and R. Omar (1975) is on the staff of the University of Western Cape. Norman du Plessis (1951) and his wife Margaret were revisiting the country of his birth, and Anthony Skinner (1961) who is now in Australia and practising near Adelaide, was also attending the meeting. Another Guy's man was W. T. (Bill) Lamb (1967), the Oral Surgeon from Peterborough who was accompanied by his wife Margaret. Lesley Dawson Squibbe (1951) was prevented from attending the meeting due to sickness of his partner, but he and his wife who returned to South Africa ten years ago are in Cape Town, have been joined by their children, and there is now a third generation.

The Changing Face of Guy's

Photographed by A. D. Robinson



Now you see it . . .

Now you don't!



Clinical Medicine in Maiduguri (Borno, Nigeria)

by Harold Scarborough, C.B.E., Ph.D., F.R.C.P. (Professor of Medicine)

Maiduguri is the capital of Borno, the largest state in the Federal Republic of Nigeria. It is about as far as one can go from the Federal Capital, Lagos, lying only about 150km. from Lake Chad and the frontier with Cameroon and Chad. It has a harsh climate, very hot in March, April and May before the rains come, then hot and humid for 3 months, and during the winter mild and pleasant, although with frequent strong cold winds blowing from the North-East laden with fine dust that penetrates everywhere – even cameras and field glasses. During this part of the year the relative humidity is so low that it dries up the skin and the eyes and is productive of much discomfort in the upper respiratory tract.

There has been a University of Maiduguri since 1976 and a College of Medical Sciences since 1979. There are now 178 medical students, the first group of 21 having entered the fourth year of a British type standard 5 year curriculum in October 1981. So things are in an early stage of development with many problems, some of which are insoluble at present, many frustrations and disappointments; a pioneering spirit is essential to carry one over many of these. Some one once said "No one works from 7.0 a.m. to 10 p.m. unless he loves his work". Here one learns the hard way that that is not true: one works 15 hours a day because one has to.

Since 1975, a new Teaching Hospital of 530 beds has been in the course of construction. The first patients were admitted on 18th February 1982. Our Director of Administration came to Guy's Hospital, in April 1981, for six months in order to familiarise himself with the procedures of hospital administration in Britain, and one of your administrators Mr. Fellows-Freeman came to us in his place. Without this exchange arrangement the teething troubles would certainly have been greater than they are.

Since August 1980, therefore, the University Department of Medicine has been working in the City General Hospital, in a male ward of 26 beds with another 14 patients on the verandah and often as many as 10 to 12 patients on the floor. (If you have not made a full neurological examination, including ophthalmoscopy, on the floor you cannot be regarded as a fully experienced clinician!). The turnover is very rapid, between three and four days according to my calculation, although we did have one old man with cardiac failure who remained in hospital for two months; his failure did not improve fully until a beta-blocker was added to digoxin and frusemide.

To staff the ward we are fortunate at present to have two consultants (British) one of whom also has heavy administrative duties and the other lectures to both third and fourth year students. There are two SHOs and two pre-registration house officers, all Nigerians and very competent. We also have an Indian registrar with special experience in dermatology.

There is quite a heavy teaching load since eighteen students in their first clinical year are attached to the ward from 10 a.m.–12 noon each day.

For various reasons, the laboratory service at present is rudimentary and one cannot rely on their being any radiology at all. Although not inconsistent with Islamic culture, autopsies are in fact prohibited by social mores. One has therefore to depend on clinical judgement alone. Dr. Stanley Browne, the well-known leprologist, once said that lack of ancillary aids made clinical medicine more fun. I agree with him, but I am alone among my colleagues in thinking so. One of our chief difficulties is to get good clinical histories upon which diagnosis in Britain is largely based. Here the languages in use are Hausa, Kanuri Shua Arabic, Funfulde, Mandara and many other more local languages. A few patients can speak English or French. However, even when there is no language problem, one soon realizes that the patients, coming as they do from a variety of cultural backgrounds have quite different ideas of cause and effect. They are not skilled observers (in our sense of the words), seem to have poor memories, and to us an unusual sense of time: 2 weeks, 2 months and 2 years may all mean much the same thing – "some time ago". It is not easy to obtain details of the onset of a hemiplegia when the questions have to be translated from English into Hausa into Mandara and the patient answers back again along the reverse route. This kind of thing adds greatly to the students' problems; not all of them even speak Hausa, the main language of the area.

A common syndrome here is sudden fever, generalized body pains, cough, weakness and diarrhoea (so-called FBPCWD). There are no physical signs. For no good reason this is attributed to "malaria" and treated with chloroquine. Within 24 to 48 hours the patient is better: he might well have got better anyway. Acute respiratory illness and liver disease are perhaps the commonest we see in the ward. Bronchitis and bronchial asthma are both common in the "winter" months, along with nasal catarrh, pharyngitis, laryngitis and tracheitis. It may well be that the unaccustomed cold air and the very fine dust have something to do with this. Pneumonia is also very common at the same time. In 1980–81, the pneumonia presented with typical signs (any one who doesn't know what bronchial breathing is, could hear it any day several times over) and responded rapidly and completely to penicillin. This year it's different: physical signs are atypical and difficult to interpret and patients do not respond well to penicillin (or ampicillin). Bacteriological studies would be interesting but are not available.

We see much pulmonary tuberculosis (and 'spontaneous pneumothorax' from time to time) presenting as pleural effusion; pneumonitis, often bilateral; chronic fibroid phthisis; bilateral apical cavitation; apical fibrosis with bronchiectasis; "grand-dad's tubercle" and "galloping consumption". All the "old-fashioned" physical signs, such as cracked-pot note, tinkling rales, aegophony, whispering pectoriloquy, Skodaic resonance, are two-a-penny in Ward 2. Abdominal tuberculosis is also common; the rapid response to antituberculous treatment, even in patients who are desperately ill, is often striking. One of the most distressing forms of the infection is tuberculosis of the spine in children with paraplegia; tuberculosis is the common cause of paraplegia in children and young adults in this part of Africa and here again the response to treatment is often surprisingly good.

The ward is rarely without at least two patients with liver disease. Acute hepatitis, presumably type A, is very common and so is cirrhosis with portal hypertension. Many of these patients have enormous ascites; the distended superficial views are along the chest wall and axillae and do not appear over the abdomen until the ascites has been reduced by diuretics. The cause of the cirrhosis in an area where alcohol is not widely drunk is a matter for constant discussion. Some may be the result of infestation by *Schistosoma Mansoni* which, along with haematobium, is common here. Another common condition which brings much distress is hepatoma; often, though not invariably, this is associated with cirrhosis.

Cardio-vascular disease is dominated by the problem of high blood pressure and hypertensive heart failure. The majority of patients are under forty. Malignant hypertension in men in their third decade is a familiar problem and difficult to deal with. The cause for the high blood pressure is presumed to be renal (protein, RBCs and casts in the urine and retinopathy). It has been held however, (Akinkugbe 1972) that retinal changes are seen unusually in severe hypertensive disease both in Nigeria and in Uganda. Congestive heart failure in elderly men without valvular disease or high blood pressure is usually ascribed to "cardiomyopathy"; since coronary artery disease is believed to be non-existent. Acute nephritis is quite common, sometimes in children from Koranic schools with scabies and secondary pyoderma, as described in Zaria by Whittle *et al* (1973) and the nephrotic syndrome is often seen. Generalized arterial disease with nodular thickening and tortuosity of major arteries is a common finding in elderly men with systolic hypertension.

Other conditions which, though not so common as those mentioned above, are none the less very familiar are, for example, epistaxis (not as a rule associated with high blood pressure), diabetes mellitus, tetanus typhoid, measles (in adults), peptic ulcer, hemiplegia, sickle-cell disease, meningitis (meningococcal, and tuberculous).

Two conditions common in Britain, namely adverse drug reactions and attempted suicide are never seen here, although we do have patients suffering from the effects of native "treatment", both physical and medicinal. Apart from hepatoma, malignant disease is rarely seen and peripheral venous thrombosis and appendicitis are very uncommon.

Eighteen months in Ward 2 have brought us inter-atrial septal defect; paroxysmal supraventricular tachycardia; Mcleod's syndrome; left-sided choledochopleural fistula; borderline leprosy; schizophrenia; hysteria; Parkinsonism; atropine-like poisoning; cortical venous thrombosis; and pemphigus (four cases) to mention but a few disorders seen only once or twice.

Would such a wealthy clinical experience be available in a general medical ward in Guy's? We have 19th century medicine here; it's a great place for student and housemen.

Akinkugbe, O. O., (1972) "High Blood Pressure in the African" London: Churchill Livingstone.
Whittle, H. C., Abdullahi, A., Fakunle, Y. M., Parry, E. H. O. and Rajkovic, S., (1973). "Scabies, Pyoderma and Nephritis in Zaria, Nigeria. A Clinical and Epidemiological Study." Trans. Roy. Soc. Trop. Med. Hyg. 67: 349-63.

Dickens's Medical Students, Part II

By T. B. Layton

Mr. Benjamin Allen, who was the second of the *'couple o' Sawbones'* that arrived at Dingley Dell on Christmas morning, was apparently a St. Thomas's man. This may be gathered from two pieces of evidence. The first is a bit of conversation between him and Bob Sawyer overheard by Mr. Pickwick. The two medicos were making an excellent breakfast after their morning coach-drive in the frozen dawn from the neighbouring town of Muggleton:—

"By-the-bye, Bob," said Mr. Allen, "have you finished that leg yet?"

"Nearly," replied Sawyer, helping himself to half a fowl as he spoke. "It's a very muscular one for a child's."

"Is it?" inquired Mr. Allen, carelessly.

"Very," said Bob Sawyer, with his mouth full.

"I've put my name down for an arm, at our place," said Mr. Allen. "We're clubbing for a subject, and the list is nearly full, only we can't get hold of any fellow that wants a head. I wish you'd take it."

"No," replied Bob Sawyer; "can't afford expensive luxuries."

"Nonsense!" said Allen.

"Can't indeed," rejoined Bob Sawyer. "I wouldn't mind a brain, but I cannot stand a whole head."

"Hush, hush, gentlemen, pray," said Mr. Pickwick, "I hear the ladies."

Now it is clear from this that Messrs. Sawyer and Allen were not at the same hospital, but they were in a position to work together on occasion. The only two hospitals at which such an arrangement has ever been possible are St. Thomas's and Guy's. Bob Sawyer was at Guy's. Therefore Ben Allen was at St. Thomas's which was then opposite to it. Surgery and Anatomy had been taught at St. Thomas's and Medicine at Guy's. This union had ended in 1825, but the students of each hospital were allowed to attend the practice of the other hospital until 1836, the year in which the *Pickwick Papers* began to appear.

There is confirmatory evidence that Ben Allen was a St. Thomas's man in the account of the journey home after the party in Lant Street. Mr. Pickwick was staying at the George and Vulture in the City. To get there he would have gone along Lant Street, turned left into the High Street, and walked along that over London Bridge; *'he was closely followed by Mr. Tupman, Mr. Winkle and Mr. Snodgrass.'* Mr. Jack Hopkins had probably gone in the other direction on leaving Mrs. Raddle's, towards Southwark Bridge and the neighbourhood of St. Bartholomew's; Mr. Allen, however, accompanied them part of the way:—

Mr. Ben Allen, who was dismally depressed with spirits and agitation, accompanied them as far as London Bridge, and in the course of the walk confided to Mr. Winkle, as an especially eligible person to entrust the secret

to, that he was resolved to cut the throat of any gentleman except Mr. Bob Sawyer, who should aspire to the affections of his sister Arabella. Having expressed his determination to perform this painful duty of a brother with proper firmness, he burst into tears, knocked his hat over his eyes, and, making the best of his way back, knocked double knocks at the door of the Borough Market Office, and took short naps on the steps alternatively, until daybreak, under the firm impression that he lived there, and had forgotten the key.

If Lant Street is an example of the Borough as it was, great changes have affected the region between the St. Saviour's Church and the statue of the Southwark soldier. The Borough Market has been rebuilt more than once, and no railway spanned the High Street, Southwark Street was not in existence; where this now enters the High Street Church Street curled round the back of the Market and St. Saviour's to the dock of St. Mary Overy, whence every parishioner in the parish of St. Saviour could, and still may, land goods without the payment of any toll. In spite of all this change the fine new building that houses the offices of the Borough Market today is probably close to the site on which Ben Allen collapsed one hundred years ago. Around him were the buildings that had formed the original Borough of Southwark and that, perhaps, were centuries old. We can well believe that some widowed cottager let lodgings to the pupils of the two hospitals. Mr. Benjamin Allen had walked past the spot in company with the Pickwickians. Can we doubt that when he parted with them and retraced his steps it was with the object of finding his "digs"? No student of any other hospital than St. Thomas's or Guy's would have "dugged" in the Borough, and as he did not belong to Guy's he must have been a St. Thomas's man.

Poor Ben Allen! We are always sorry for him. He was '*not remarkable for the ownership of a very strong head,*' and he had chosen as his friend out of all the tipplers recorded in the *Pickwick Papers* one who could carry his liquor better than any, with two possible exceptions. He is one of those persons who always takes second place, being a sort of servitor to the stronger character:—

"Ben, my fine fellow, put your hand into the cupboard and bring out the patent digester."

Mr. Benjamin Allen smiled his readiness, and produced from the closet at his elbow a black bottle half full of brandy.

And then again, half a minute later:—

"Ben, the pipkin!"

Mr. Benjamin Allen drew forth, from the same hiding-place, a small brass pipkin, which Bob Sawyer observed he prided himself upon, particularly because it looked so business-like.

One feels one would begin to like him better if he would turn round on Bob and tell him to get the damned thing himself.

(This is the second in a series of articles, the first instalment appearing last August. We apologise for the gap, but this was due to circumstances beyond our control.)

"Whose Life is it Anyway?"

GHTC Reviewed by Keith Lloyd

"Whose Life is it Anyway?" by Brian Clark is a play about Ken, a sculptor left tetraplegic by an accident. Action centres on Ken's fight to control his own life. Tom Conti and Richard Dreyfuss have both played Ken, so the Theatre Club was up against stiff competition when it staged "Whose Life" last December. Traditionally, the reviewer praises every aspect of every production and by theatre club standards much praise is merited here.

Co-directors Colin Dyan and Kate Lockwood made their interpretation of the play quite clear in the extensive programme notes. "All decisions of importance about (Ken's) life are 'in the hands of others'." Colin and Kate picked out Ken's line "I don't wish to die . . . but the dignity starts with the choice". They felt that Ken had rediscovered the will to live through fighting for the choice to be allowed to die. These lines were delivered to the judge deciding Ken's sanity. Saying that he wished to die rather than merely to have the choice would probably have prejudiced the verdict against him. If Ken did die, Kate and Colin felt that the message of the play would have been deeply pessimistic for the physically handicapped. I disagree; for me Ken took control and died a free man. If that is pessimistic for anyone, it is the mentally handicapped who never even get the choice.

Neil Deuchar as Ken used only voice and facial expression to convey the nuances of his lines to great effect. His mixture of frustrated strength and vulnerability was very moving. He coped excellently with the technical hitches. I felt that some of the supporting cast did not rise to this level. In contrast to Ken, Dr. Emerson, the consultant, inspired no sympathy for his dilemma; a pity as it rather prejudiced my interpretation of the play. The part was played very competently but with no real sense of conviction or involvement.

Mrs. Boyle, a home counties social worker, really interacted with Ken rather than just happening to be on stage at the same time. Full marks to Georgie Rees-Lewis for a finely observed and executed performance. Petra Scott played Dr. Scott, the Registrar, with feeling. I didn't understand Andy Kent's interpretation of Peter Kershaw as the worst dressed barrister in Christendom. Ben Wyatt deserves mention, not least for the fastidious way in which he negotiated the imaginary doors in the cleverly designed set which allowed action to take place simultaneously in different parts of the hospital. Bob Taylor was funny as John the orderly.

Credit again to Kate and Colin for including other new faces: Stephanie Ross, Karen Jones, Sian Lloyd, Jonathan Hyder, Simon Black, Maria Thom, Lisa Burnapp, Sue Riley, Rosie Jackson and Carole Stevens. In conclusion, I must mention the ruthless professionalism of the publicity campaign: the play's question mark motif was everywhere.

Microcomputers at Work

by R. D. Kaye

Almost everyone has, by now, heard of the microelectronic revolution, and many people now own microcomputers or use them at work. Why are these current advances in microelectronics heralded as "revolutionary", to what extent are these revolutionary possibilities being fulfilled, and what are the implications of all this for people at work, particularly in a medical environment?

The answer to the first question lies in the extraordinarily low cost of the devices (the chips) from which microelectronic equipment is built. Most people will be aware that you can buy a complete small computer for under £50! From this springs a chain of quite radical implications. There being no cost barrier, these machines become extremely widespread, far beyond the circle of computer professionals. This leads in turn to the implication that making good use of the machines, making this revolution actually helpful, lies to a large extent in the hands of non-professionals.

Before going further, I would like to distinguish two broad categories in which microelectronic devices may be put to work. Firstly, they can be used to make what might be called "normal microcomputers", such as the PETS, APPLES and so on. Which are now so widespread. Such microcomputers consist essentially of a few components. These are a microprocessor chip, which may be thought of as the "intelligent" part, which can translate instructions from a programme into simple manipulations on data, memory, to store both data and programme instructions, and input and output devices (I/O) through which people actually use the machine. I/O devices are usually a keyboard (for input) and a screen or printer (for output).

Microcomputers such as this are essentially just small versions of the large (and expensive) "mainframe" computers used by professionals in banks, universities and so on, and are capable – albeit on a smaller scale and less quickly – of much the same tasks as are the mainframes. These tasks are familiar, even to a non-specialist, and consist very largely of numerical work and manipulation of text. So a normal microcomputer can be made to process, store and output any kind of numerical or textual information. Therefore, word processing and editing, statistics, creation of easily accessible data-bases to replace filing cabinets and countless other applications are possible, provided of course that the microcomputer is powerful enough for the particular application, an often difficult assessment needing advice from a professional. In very many numerical and textual applications, there are standard programmes which may be bought off the shelf – the non-specialist does not have to try to write a statistical analysis programme, a programme to create a data base or a word processor. There are computer programming languages such as BASIC, PASCAL and suchlike which can be learnt relatively easily and used by the non-professional to produce programmes of his own.

The implications of all this are clear. It is relatively easy for the non-specialist with a little energy and imagination and perhaps some initial advice from a specialist, to make good use of the normal microcomputer. The possibilities are being quite well explored, and there are many examples in the hospital and medical field. The revolutionary aspect is that tasks once done by hand, by calculator or by typewriter can now be done much faster and more reliably, and that this facility is now open to everybody.

There is, however, a second category of specialised microelectronic applications which, in the present state of awareness, is more difficult to appreciate, and to which I would like to pay particular attention. Microelectronic devices exist which can perform a much wider set of functions than those of the "normal" microcomputer. The operations of the microprocessor chips themselves need not be confined to arithmetical calculation, or the manipulation of text. As a result, we can build "extended" microcomputer systems which, in principle, can perform almost *any* well-defined operation (ie. for which an unambiguous set of instructions can be written) provided firstly that the things being operated on (the input) can be translated into a form of data which the microcomputer can store, and secondly that the outcome of the operations can be translated into appropriate action (the output). Whereas input to the "normal" microcomputer is usually limited to the characters produced by a keyboard, by using appropriate microelectronic devices (transducers) inputs for an extended system can now include practically anything measurable or detectable. These include temperature, position, time, velocity, sound level, frequency, voltages, currents, magnetic fields, flows, and pressure. Any measuring instrument can provide (or be adapted to provide) its results as input for a microprocessor system. Similarly, output from a computer can be translated by appropriate transducers into a wide range of actions. In principle, any electrical machine can be controlled by a microcomputer and, therefore, act as an output. Motors produce motion, valves and switches can produce control, sounds (including speech) can be produced, images can be displayed.

Clearly the layman does not have the expertise to design and construct specialist microprocessor systems using these extra capabilities. On the other hand, those of us who do have the expertise are not always in a position to invent or initiate specialist microprocessor systems for particular problems, since these can be anywhere in the medical or hospital field. Close relationship between microelectronic specialists and potential users is clearly vital if medical and other institutions are to keep up to date with these new possibilities in scientific work. Collaboration between the Physics Department and others in Guy's has already generated several interesting projects, and a brief description of some of them should help the reader to imagine what kinds of applications are possible.

A system has been designed in collaboration with Rheumatology which measures the shape of a patients spine, to be used to monitor the extent of movement possible. This is done by moving a small pointer along the spin to which three strings are attached. The other ends of the strings are wound

round small reels at known positions. 'As the pointer moves, the turning of the reels is measured by transducers which feed data to a microprocessor. From this, the microprocessor can calculate the length of each string, and hence, the position of the pointer. A three-dimensional map of the spine can then be produced and displayed for use by the clinician. Clearly variants of this scheme could be used in other geometrical measurement problems, and in some cases ultrasound beams could be used in place of strings.

A data preprocessing system has been devised for the ARC Unit studying back pain. In this project, subjects wear small tape recorders which collect EMG signals, intra-abdominal pressure data and posture data (for which a special tilt-measuring transducer was developed) over long periods of up to 8 hours. Here, the problem lies in the amount of data on each tape, which is far too large and not in the correct form for direct input to a mainframe computer or for analysis by hand playing back the tape yields the data in the form of varying voltage levels. The tapes are, therefore, played back into a microprocessor system which corrects voltages into numbers and, in the case of EMG's counts EMG spikes. The system can then produce summaries of the data for sub-intervals of the total time-space of the tape. The result is that a small set of numbers is then available, which represents the subject's activity over, say, each 10 second period of the recording, in a form which can be easily passed to a mainframe for statistical analysis. This is just one example of what might be called "on line" analysis of physiological signals.

Another, larger, example of this is a system under development in conjunction with the Pharmacology departments. Here the problem is to devise a system which will automatically measure a subject's blood pressure, heart rate, temperature and other physiological parameters at time intervals determined by a protocol, over a period of many hours. To measure blood pressure, the microprocessor controls a pump which inflates a cuff, handles a transducer which measures the pressure in the cuff, and analyses the pulse which appears and disappears as the cuff inflation is changed. Other transducers measure the heart rate, temperature and other parameters. All the data is converted to numerical form and calibrated by the microprocessor, and recorded on floppy discs. Simultaneously, the microprocessor responds to keyboard commands which enable the clinician to monitor and control the whole protocol.

I am sure that there are many other specialist microprocessor applications waiting to be identified in a medical/hospital environment such as Guy's. I would suggest that readers might reflect on this brief outline of the possibilities, give free reign to their imaginations and consult with us on the feasibility of any ideas (however far fetched they may seem) which might emerge.

The Bore Report

Continuing, after an enforced absence, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Clubs' Union election time again, and congratulations to Simon Ward on becoming President. Let us hope that he improves on his immediate predecessors and does not incur the Curse of Bore. It is a shame, though, about the lack of contested elections. While such events always tend to be a bit of a carve-up, there is no need for this to be so evident.

A very fine Residents' Play, and a credit to all those concerned – but who were all those concerned? The programme failed to give a proper cast list, the only minor failing to a superb team effort.

Nature notes

Could Lemming's leap have killed the Rats? (Watch this space, Don.)

Last month, I referred to the Spiros as geriatric stick flailers, when noting their victory over the Freshers. If *they* are geriatric, delicacy forbids an appellation for the 71st Lancets, although the result seemed to belie the years. The Lancets athletically manoeuvred their bath chairs around the pitch to roundly thrash the Spiros 5-0. This is probably the most one-sided Lancets v Spiros match in recent years, and was not helped by the junior skipper (the one with red hair, not grey) forgetting his goalkeeper's pads. For that matter, his keeper was AWOL, again. Moreover, the senior member forgot his tie. Gad! One certainty is that Spiros, good socially though they remain, seem to need an infusion of hockey players.

What an admirable *Horizon* programme on the Professor of Surgery, and how well Prof. McColl came across . . . what a shame, therefore, that he imported students for the teaching scenes who were not on his firm at the time. What could be the reason? Perhaps it would be wiser not to ask.

Do I hear that the Dental School has a bionic Colonel? Whatever the truth of the matter, it seems to have been done as an away fixture.

The Water Board, even if they do not strike, seem to be rather out of touch, as the letter reproduced below seems to show. Perhaps "*The Occupier*" should have informed them that he left in 1975!

Thames Water

South London Division

Divisional Manager
J.R. Studholme, B.Eng., C.Eng.

Broadway Buildings 50 - 64 Broadway
London SW1H 0DF

THE OCCUPIER
EVELINA HOSPITAL 139/157,
SOUTHWARK BRIDGE RD SE1 0EY

ate

30 DEC 1982

ur Ref

4240

S. FRGK

Under Seal or otherwise,

I should be obliged if you will kindly supply the information requested below and return this form as soon as possible. Should you require any help in this please contact your local office. An envelope is supplied for your use.

Yours faithfully,
J.R. STUDHOLME,
Divisional Manager.

Name of Occupier, Mr./Mrs./Miss*
(BLOCK LETTERS PLEASE)

Date premises occupied or furnished

If you are not the owner Name

to whom do you pay rent? Address

Do you pay rent – WEEKLY – MONTHLY – QUARTERLY*

Are WATER CHARGES included in your rent – YES – NO*

Former Address

Use or intended use of water, other than domestic:

- | | State
Yes or No | Enter date of commence-
ment of use |
|---|--------------------|--|
| (1) By HOSE (either for car washing or garden watering) | | |
| (2) By SPRINKLER or perforated hose for garden watering | | |
| (3) For any other special use | | |

SIGNATURE

*Please delete words not appropriate.

Thames Water Authority Headquarters, New River Head, Rosebery Avenue, London EC1R 4TP

SL 228

What a super Snowflake, and how well Sarah did. Could have done without the gun-fighters, perhaps, and the decor only poorly disguised Boland House, which remains its lumpish self, but the food was the best in memory, and the bands were good. It was a shame there were (relatively) so few people there. At least fifty seats were empty in the first sitting, and some in the second. Perhaps the price was too high for an event in Boland House . . . after all, that is where one drinks for the other 364 days in the year!

What is this I hear of a "Five Scars" club? Sounds tegumental to me – could it have anything to do with the dermatologists?

If the people in Wolfson are a shower, at least they have been a cold shower . . . but are they going to get a rebate in respect of this? Meanwhile, St. Christopher's is oven ready, but could be in for a long wait. I understand that Mrs. B. is shortly going to demonstrate the art of sponge baking in a slow cooker.

Glad to see the rugby club win a Hospitals' Cup match and, for once, the Guy's crowd to outnumber the opposition's. At less than fifty, however, this is still not much to cheer about. Shame about the five Guy's signs in the King's bar, although there may now be less than before. While on the subject, they seem to breed a wetter type of barman in Denmark Hill . . .

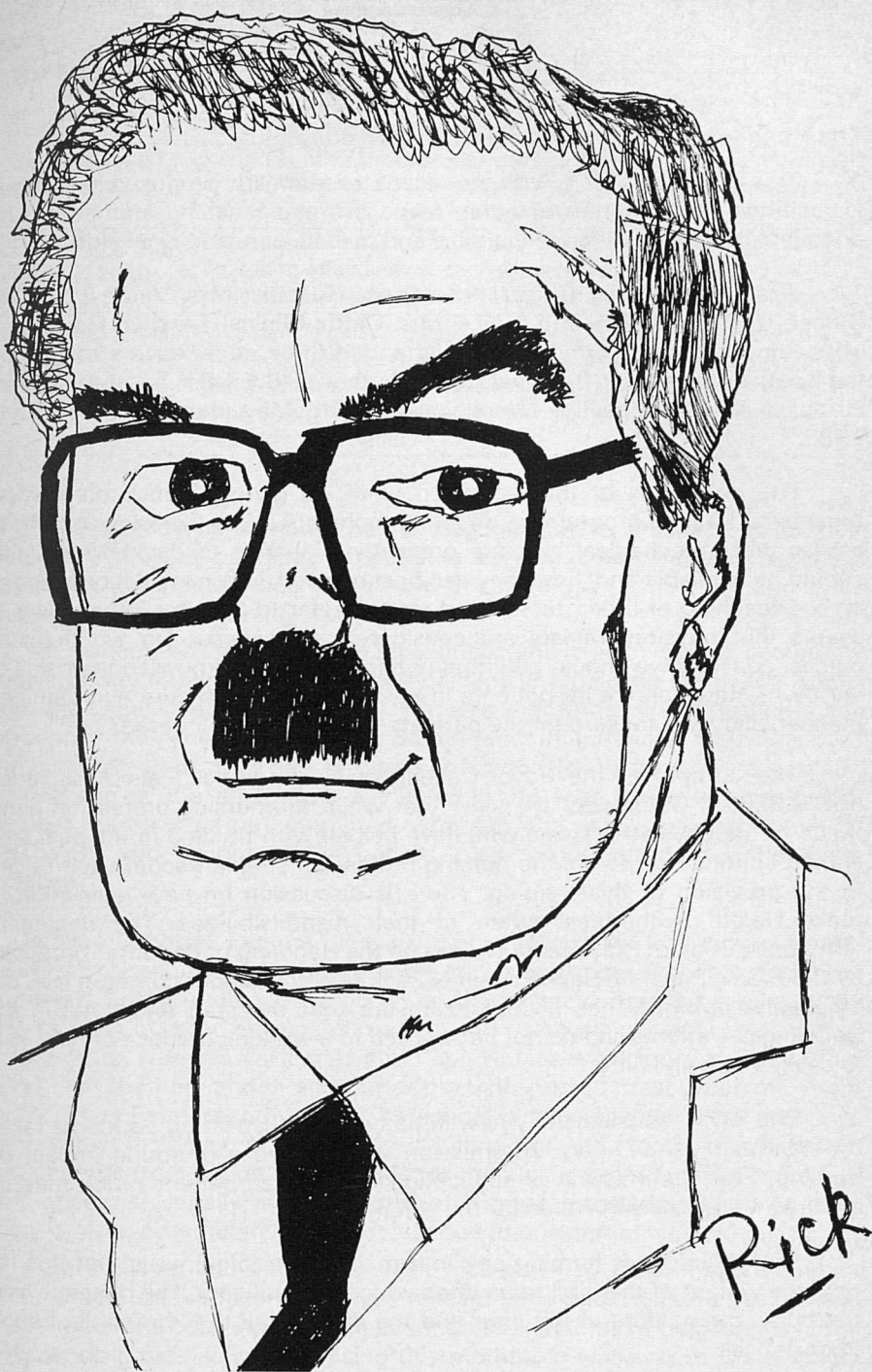
The St. Christopher's Christmas polypin party was a most lubricious affair, as might have been expected. It was also marked, I

am told, by a resounding defeat of the number one seeds (Mick, Ed & Thug), who were so feeble that they may not even have beaten the third pin, where Baloo, Tony and P. Nut were in fine form. The number four seeds were rather behind, despite Rick and Paul being helped by their South Arican connection, and the less said about pin 5, the better: Poofitt's start was the worst in memory. Victors, by a large measure, were the scratch second seeded team of two small mammals (Dom and Dyer), skipped by the largest – who also won the individual trophy, as befits a man of his stature.

In flagrante

Our victim this month is not only one of the most senior figures of this institution, but is also, as Chairman of the Board, the back-stop for any editorial indiscretions. So if there is a blank space below, you'll know he didn't like it. . . . The boys tell me, by the way, that the bottle of port was full at the time of the picture. It did not remain so!





Professor A. H. Rowe

The Handling of Patients' Nursing Responsibilities

This is a topic which, with the recent research and proposed legislation, is requiring the attention of nurse managers and teaching staff to ensure adequate training in lifting techniques and the use of mechanical aids.

Mrs. Dall, Nursing Officer, New Cross Hospital; Mrs. Varney, Nursing Officer, Occupational Health, Guy's; Mrs. Ostro, Clinical Teacher, Guy's; and Miss Rogers, Nursing Officer, Guy's attended three study days arranged by the South East Thames Regional Health Authority (S.E.T.R.H.A.) at the Queen Elizabeth Military Hospital, Woolwich on 13th May, June and 15th July 1982.

The objectives of the workshop were: to give guidance on how to organise a training programme on lifting techniques for all grades of staff; to assess what mechanical aids are presently available; to decide what aids should be available and, how they can best be used. Nurses when questioned on the teaching of lifting techniques usually refer to the physiotherapists. It seems that physiotherapists are considered the experts. Do we then, as nurses, consider we should be lifting patients with little knowledge or skill of our own? How can we lift patients in a well organised, secure and dignified manner, showing concern for the patients' comfort and our backs?

The authors of the Royal College of Nursing/Back Pain Association (R.C.N./B.P.A.) Guide take the view that while the nursing profession owes much to the physiotherapists who have helped with training in the past, and should continue to do so, the nursing profession should become self-reliant in the provision of this training. There is discussion on new legislation to make Health Authorities aware of their responsibilities. The document "Proposed Code of Practice for Nurses on the Handling of Patients" produced by the R.C.N. Panel on Back Pain in Nurses says that under common law, the employing authority has a duty to ensure that the staff employed in the Handling of Patients should not be exposed to a working practice or risk likely to cause them an injury.

The R.C.N. considers any new initiative to reduce lifting accidents taken by the Health and Safety Commission would have a profound impact on Nursing. This Commission is suggesting higher staff/patient ratios may be required – especially in wards for the elderly.

The difficulty of framing any maximal permissible limit is that it is not only the weight of the load to be lifted which is significant. The distance from the body, the posture of the lifter and the duration of the lift are all of equal importance.

The guidelines they propose on lifting patients are: –

Levels	Actions
Below 16kg (35lb)	No special action required, provided those relatively few individuals likely to face serious risks when handling weights of this order have been identified.
From 16kg (35lb) to 34kg (75lb)	Administrative procedures required to identify those individuals unable to handle such weights regularly without unacceptable risk, unless mechanical assistance is provided.
Above 34kg (75lb) to 55 kg (120lb)	Unless the regular handling of weights of these magnitudes is limited to effectively supervised selected and trained individuals, mechanical handling systems should be employed.
Above 55kg (120lb)	Mechanical handling systems should always be considered at this level. Where not reasonably practicable, selective recruitment and special training is essential, since even with effective supervision, very few people can regularly handle weights of this order with safety.

The employing authority has a responsibility to ensure that all staff involved with the handling of patients receive adequate and sufficient training in the manual techniques as well as the use of mechanical aids as part of an on-going training programme.

It cannot be over-stressed how important it is to record accurately details of any lifting incident on the Accident to Employee Form. Mr. Arcott from the Legal Department S.E.T.R.H.A. said that if the Health Authority has introduced the necessary Health & Safety recommendations, the nurse concerned must show that she has attempted the lift in the correct manner, making use of the equipment available, if she is to claim compensation. Incident Forms must be completed correctly. It is suggested that details of the height and weight of the patient, plus the lift attempted should be included.

Caroline Osborne, Lecturer, Department of Nursing & Community Health Studies, Polytechnic of the South Bank, spoke of her research into back pain in nurses. She found that there was a greater incidence of back injury on medical, geriatric and orthopaedic wards, the number of incidences occurring in that order. Nursing Auxiliaries and Pupil Nurses were most at risk. Lifting patients in the bed, and in and out of the bath caused most problems. From the Accident Form Records of Guy's Hospital it is the surgical areas that have the greatest incidence of back injuries. Lifting from bed to chair and preventing patients from falling caused most of the incidents. All grades of nursing staff appeared equally at risk. Caroline Osborne also stressed that a back injury is often accumulative and not just due to one particular incident.

An amusing and informative talk was given by David Stubbs, Senior Lecturer at Sussex University, on his research into back pain. He has devised a way to assess back strain by measuring intra-abdominal pressure, through swallowing a radioactive pill. Using this method, it was shown the shoulder (or Australian) lift causes far less back strain than the orthodox lift, which David Stubbs feels should be banned. He suggests that the shoulder lift,

whenever possible, should be the lift of choice. He also mentioned uniforms, feeling that the design must allow freedom of movement and therefore greater flexibility when lifting patients.

Practical information was given by Brenda Wright, Clinical Teacher at Nunnery Fields Hospital, Canterbury. Having won a Nightingale Award, she investigated the lifting and moving of patients.

She demonstrated many different types of lifts, and how techniques could be adapted to a variety of situations. During her research, she was often shocked by the lack of knowledge and preparation shown by some of the nurses she observed.

The points she stressed were good preparation.

1. Does the patient need to be lifted? Can they help themselves?
2. What lifting aids are available? Can they be used?
3. Taking into account the weight of the patient and the degree of difficulty, how many nurses are required?
4. Assess what lift should be used and who will organise the lift.
5. Making sure that there is a secure hold of the patient and a good grasp of the other nurse(s).
6. Positioning close to the patient with the lifter's feet pointing in the right direction with knees bent.
7. Lifting in unison, gradually and firmly.

The S.E.T.R.H.A. study days were very interesting and informative. We are now occupied in devising a systematic rolling programme of activities which would ensure that all employees know how to handle patients completely and work in an environment that reduces the risks of sustaining injuries.

To make this successful, we must have the co-operation, and commitment to safe lifting practice of all nurses involved with the handling of patients.

References:-

Nursing Standard 15.7.82.

Proposed Code of Practice for Nurses on Handling of Patients, R.C.N. April 1982.

Training in the Handling of Patients: the demands on education and Occupational Health for Nurses, J. D. G. Troup.

Physiotherapy

This month we advertised for a District Physiotherapist to be *"responsible for the total management of the physiotherapy service throughout the District"*. This marks a further stage in the evolution of the profession at Guy's and we hope to attract some high-quality applicants from whom the choice will be made.

At one time, there was no hierarchical relationship between the Principal of the School and the Superintendent of the Department, and both of them acknowledged the consultant in physical medicine as their Director. However, when the Guy's Group of Hospitals was formed, the Principal of the School took on the additional title of Group Superintendent and could, therefore, be regarded as the nominal superior of the Superintendent of the different departments in the Group. There was, of course, no job-description or list of objectives in those days, so this was an unwritten, but workable, convention which enabled the day-to-day running of the Departments to remain in the hands of the Superintendents, but which allowed a broader overall view of development to be taken by the Group Superintendent.

Soon after this, the medical overlordship became progressively less apparent and was finally deemed to be redundant and formally discontinued. The Principal/Group Superintendent was now, willy-nilly, beginning to exert a managerial function over both the service and the educational elements of physiotherapy in Guy's, New Cross, St. Olave's, the Dunoran and, at that time, Charlton Park Physically Handicapped School. The decision to make overt recognition of this new rôle was reflected in the designation of District Physiotherapist, when re-organisation converted Group to District. Nobody in the erstwhile Group much fancied the idea of taking this over, believing that management was not what they came into the profession for, so, *faute de mieux*, the Principal was converted into the designated District Physiotherapist with, supposedly, increased secretarial assistance and a princely £201 p.a. as reward. As time went on, it became possible to convert designation into appointment, and a Whitley Scale was agreed with gradings that reflected both the population of the District and the number of staff to be managed, both criteria having to be met. In the Lewisham District, such an appointment was made, but in the Guy's District it was not felt to be advantageous, and the designation persisted.

The new, large, combined District of Lewisham and the North Southwark surprisingly turns out not to have a big enough population to enable it to have the top grading, although it comfortably meets the staffing criterion, so our advertisement is for a District Therapist II. "*Slotting in*" of an existing office-holder might have been a possibility, but the Lewisham District Physiotherapist is retiring, and the Guy's Principal is looking forward to being able to concentrate on the School, so it is necessary to appoint a new person.

The Guy's Superintendent Physiotherapist will, of course, continue to run the service in this hospital, the New Cross Superintendent in hers and so on, but the service as a whole will in future be controlled and managed by a physiotherapist who may very well be based outside Guy's. This is a change that we will have to get used to, amongst all the other changes that beset us, and we will be very interested to know what appointment will be made.

Ronald Cooper.

Book Reviews

"Field Surgery Pocket Book", by Major-General N. G. Kirkby and Mr. G. Blackburn. 1st Edition. Price £5.09. Published by Her Majesty's Stationery Office.

This is a superb pocket book in every way. It contains a wealth of information set out in an attractive fashion. There are contributions from 28 experts in this field. It is edited by two distinguished surgeons who have been concerned with military surgery for many years. It is especially well written and contains numerous useful illustrations. Surgical trainees will find this of great value not only in preparing for the FRCS but also in practice. As missile injuries in Great Britain are still relatively uncommon surgeons will find this a useful book to delve into.

With every war, surgical lessons have to be relearnt from the inexperienced making mistakes. It is to be hoped that with the help of this *vade mecum* these mistakes will be minimised. Forewarned is to be forearmed.

I. McCOLL
Professor,
Department of Surgery

"Digestive System Physiology" by F. A. Sanford. Pp. 150. Price £5.25. Published by Edward Arnold.

This small book is part of a series in which a pre-clinical volume is linked to a clinical counterpart, so that normal function is understood before disorders are discussed.

The approach to gastro-intestinal physiology adopted by the author is the classical one, starting with food intake and it's control and ending with the large intestine. What makes this book different from many others is its balanced approach. There is a greater coverage in depth than is found on this topic in a general textbook of physiology, but not so detailed as to put the reader off. Each chapter ends with a short but selective bibliography, which includes largely review articles. There are many

diagrams most of which are clear and make their point, but is it useful to include electron micrographs?

Overall this is a book which is easy to read, and would be useful to a student to complement the lecture course on the physiology of the digestive tract.

I. MacDonald,
Professor of Physiology

"Medical Eponyms: Who Was Condé?" by John Lourie. Pp. 207. Price £4.95. Published by Pitman.

Many doctors have strong feelings about medical eponyms. Some delight in their use, the names stimulating anecdotes about original descriptions of diseases and their social contexts. They may claim that eponyms can act as shorthand to avoid a long descriptive term, as in Cheyne-Stokes respiration. Others would counter with cumbersome terms such as Paterson-Brown Kelly-Plummer-Vinson syndrome.

John Lourie's book gives brief descriptions of the lives of a large number who have donated their names to medicine. This may be enough to whet the appetite of those with a latent interest in medical history. If you are interested to find that Argyll Robertson won the gold medal at the Royal and Ancient, St. Andrews, on five occasions, that Hughlings Jackson's writing was described as *"resembling the love of God, which passeth all understanding"* (and that Todd recommended alcohol as a panacea for medical students), then this book is for you. If not, then it has been carefully designed to fit into a white coat pocket, to be surreptitiously consulted when the great man asks about some obscure nineteenth century French physician.

Although some local favourites such as Babington and Gull fail to find a place, there is wide coverage for such a small book. It is the sort of publication which reminds us that medicine is concerned with people, at both ends of the stethoscope.

JOHN REES,
Clinical Tutor

Correspondence

Stephen Duckworth Appeal

Dear Sirs,

I am sure that your readers who have given so generously to the appeal would like to know that so far about £28,000 has been collected in order that Stephen may be able to continue his medical studies. He is back at work in Guy's and was successful in his pathology examination at the beginning of term. On December 17th Stephen and the Appeal Committee were entertained at the British Medical Association by the Secretary, Dr. John Havard who presented them with a cheque for £9,300 which had been collected by the Association staff from B.M.A. members in the South East of England.

Many thanks are due to the members of the Appeal Committee, Neil Slater, Andy Girling, Tim Houlding, Steve Challacombe, Terry Gibson and Lawrence Maule. The success of the Rugby Festival on October 10th was due to the students who helped with stands and marquees and running the bars; to Jerry Saywell, an expert in the organisation of such affairs; to Eric and Joyce Dann who did an enormous amount of work to make the organisation run like clockwork, aided and abetted by Keith Reagan of the Medical Sickness Society who was here, there and everywhere; to the Royal Marines Cadet Marching Band and, of course, to all the players, schoolboys, beautiful girls, golden oldies and the two international sides, medical and non-medical. Throughout the time of the appeal Mr. H. M. Green of the Medical School has looked after the accounts and Stephen Kennedy and Sarah Maynard have spent hours chasing firms and others in an effort to persuade them to part with their money. To all of these is offered a hearty vote of thanks.

Yours sincerely,

T. L. T. LEWIS,
C.B.E., F.R.C.S., F.R.C.O.G.
Chairman, Stephen Duckworth
Appeal Committee

Dear Sirs,

Biennial Dinner

Your list of those attending the Biennial Dinner includes the names of a few

members of staff who did not obtain their qualifications at Guy's. However, the notice sent out announcing the Dinner stated that only Guy's qualified men and women might attend. Are past and present staff exempt from this restriction? If so, it would be a good thing, for the formal restriction automatically excludes *inter alia* all purely scientific staff, some of whom might feel hurt at not being able to meet their colleagues and former students at the Dinner. In the past this was not so important, since the Governors' Dinner, alternating with the Biennial Dinner, invited staff of all origins, including administrators.

Perhaps the organisers of future Biennial Dinners could think about these gaps in Guy's reunions and could also make the position absolutely clear.

Yours sincerely,

G. A. D. HASLEWOOD.

28 Old Fort Road,
Shoreham-by-Sea,
Sussex, BN4 5RJ

International Prosthodontic Symposium

Dear Sirs,

As a Guy's man it was with pride I heard that the ushers at the above meeting were senior Guy's dental students.

Their assistance and charm was enjoyed by delegates and speakers alike. An indication of the calibre of professional they are soon to become.

Yours etc.

GEORGE READ-WARD

Farnham, Surrey.

Mr. C. Birtwhistle

Dear Sirs,

Your readers may or may not know that Chris Birtwhistle has recently retired from running the Plasma Roadshow, after 4 years service. Many people are unaware of just how much time and effort he has put in, and, through your columns, I would like to "put the record straight".

Chris started running "the Plasma" in his first seven days at Guy's, during Freshers week. Since then he has worked very hard at the job, and over the last 4 years, has virtually rebuilt the Plasma, using his vast

knowledge of electronics. All the functions he has attended he has arrived early to set up the equipment and left late after dismantling it. He is always cheerful in his work and often did many nights consecutively in order not to disappoint his customers.

The reason that Chris has given up the Plasma is that he has finals in June. On behalf of all the people for whom he has "D.J.'d" I would like to thank Chris for all his efforts over the years and wish him the best of luck in June.

I have just taken over from him, and as I am sure you can imagine it is not easy to follow in his footsteps. I would, therefore, ask you to bear with me for the first few weeks and excuse the occasional pops and crackles? Should you wish to book the Plasma for an event in Guy's you can contact me *via* the Notice Board in Boland House. Thank you for your time.

Yours faithfully,

RICK HARTY

Boland House

Dear Sirs,

"Health Students for Nuclear Disarmament" is a group of medical students from the London Teaching Hospitals.

On Saturday, 19th February 1983, we are holding a day of films, work-shops and speakers under the title "Words into Action".

Those attending will have the chance to learn how to give, for example, a talk on the medical consequences of nuclear war, answer questions on unilateral disarmament or how to set up groups in their respective hospitals. There will be discussion groups and a film; "A better road to peace" produced by the ministry of defence. Speakers will be from National C.N.D. and The Medical Campaign Against Nuclear Weapons and other like-minded organiza-

tions. The idea is not just to talk, but to produce definitive plans which people can put into action in their own hospitals.

As Sir Douglas Black, President of the Royal College of Physicians, puts it; "The medical profession (needs to) inform itself and the public about the effects of nuclear war".

For further information contact H.S.N.D. at the address below.

Your sincerely,

PAT FINNEGAN,
pp. Health Students for
Nuclear Disarmament

14 Doughty Court,
Prusom Street,
London E1 9RT
01-481 0581.

Dear Sirs,

I am writing to congratulate Dr. Powlson on his valiant, but vain, attempt to retain the Guy's Hospital Official Belly Butting Championship.

As was witnessed by several members of the SAS (Students Anaesthetics Society), at H.Q., the cetaceous editor was beaten by a man far smaller, though quicker and more handsome.

Unfortunately the new Champion has been forced into exile (Dartford) under strong pressure from several vociferous minority groups (including Save The Whale, I believe). He shall, of course, maintain his momentum in peak form and looks forward to meeting any challengers in March 1983.

Finally, the Champion has asked me to thank G. Wimpey for the loan of invaluable hoisting equipment used after the contest. He also asks me to thank the referee for the contest - Mr. D. Webber BDS etc. etc.

Yours faithfully,

IVOR PERCENTOV-AL

Agent & Manager to
Guy's Hospital's Official
Belly Butting Champion.

Sport

For some reason, despite advance warning, we have a shortage of *Sport* this month. Possibly, our protagonists have had a slack season, due to other colleges actually having holidays. Congratulations to

the rugby team for getting through the first round of the Hospitals' Cup - though they have not yet got around to telling us about it! Next month's copy date is February 11th or earlier.

In the meantime, while M.B. is languishing in the depths of Deptford, I shall take the opportunity of correcting a gross injustice perpetrated in the column last month. The former Guy's and all-comers belly-butting champion was, he informs me, cruelly and unjustly robbed of his title whilst looking out of the window. This present *soi disant* champion is, therefore, a bounder and a cad, as well as a Thug. I have no reason to doubt Dr. Powlson's words – especially as he bought me several drinks . . .

Eugene Bore

CRICKET CLUB

Even though we are still in the depths of winter, the Cricket Club is beginning to stir from its winter hibernation.

Like the mighty stag preparing for the Autumn rut, the club has shed some of its diehards and is looking for new talent from last Autumn's intake of medical and dental students, whether preclinical or clinical

(Oxbridge). With this in mind, indoor cricket nets have been arranged at Lord's.

Furthermore, in its search for new players the club would also like to hear from those players who played at school, but have given up the game since coming to Guy's. The 1982 season yielded at least two very useful players from this source. Understandably, the club is anxious to recover their lost talent.

Regular players are of course encouraged to make use of some pre-season practice. These days the Cricket club is run as much by enthusiasm as by pure talent. With three 1st XI fixtures a week, there is plenty of room for all the enthusiastic, but possibly less gifted players to play first XI cricket for Guy's.

Anybody interested in the Lord's nets should put their name on the notice outside the bar, or leave a note in the cricket club pigeon hole in Boland House.

WIKTOR ZBRZEZNIAK.

Hospital Information

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1982: A Milestone?

1982 was a momentous year for Guy's, marking the beginning of major changes in medical and dental education, a process which will make 1982 a year to remember; the year in which the merger with St. Thomas's was finally effected and a year in which the final, irrevocable decision was taken to close the Royal Dental Hospital, in Leicester Square, and amalgamate it with Guy's. As from October 1983, the annual intake will total 103 dental and 105 medical students, making Guy's the biggest institute of medical education in the country. Necessarily this has entailed many changes: a major alteration in the administration; considerable alterations to the syllabus; and, of course ultimately, profound changes affecting both students and University teachers. 1982 marked the starting point for the implementation of the sieved wisdom of years of debate at national committee level. For instance, the Nuffield Report on dental education, or, more recently, the report of the Dental Strategic Review Group, which has been accepted by the D.H.S.S. for future implementation.

The union of Guy's, St. Thomas's and the Royal Dental School obviously has profound implications for the University teaching staff of each of these institutions; after all, the union has been made in the name of financial economy and 75% of the budget for medical education is taken up by wages to professional staff. A student to staff ratio of 10:1 has been agreed at senior committee level. This involves relocation for some and the prospect of redundancy for others.

The present Government's policy of reducing spending in Further Education has resulted in the necessity to take painful decisions. It is understandable that decisions affecting the future of individual careers are the subject of private study by the upper echelons of the Medical School authorities; the nettle must be grasped. However, it is a matter of deep regret that the criteria by which the decisions will be taken are not generally known. Indeed, the whole issue of compulsory redundancy is shrouded in secrecy. The possibility of voluntary redundancy has yet to be mentioned; indeed the whole issue is, at present, shrouded in secrecy. The consequences of this ignorance are serious, resulting in a decline in morale, an atmosphere of distrust, and stoking the fires of interdepartmental rivalry. This must be detrimental to the central objective, that of providing high quality medical education. It is a time for cooperation, not division. Let us be informed.

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The Late Sir Geoffrey Marshall

There is to be a memorial service for Sir Geoffrey Marshall, in the chapel of King Edward VII Hospital, on Wednesday, 9th March 1983, at 2.30 pm. Professor Guy Scadding will give an address. Anybody who wishes to attend is requested to contact: Dr. M. R. Geake, King Edward VII Hospital, Midhurst, Sussex GU29 0BL.

Rosemary L.Swayne (née Parry)

Our compliments to Dr. Swayne, who has been awarded an M.Sc. (Distinction) in Microbiology.

Clubs' Union Election 1983/84

At the ballot conducted on 14th January, 1983, the following were elected for the year from the Annual General Meeting, to be held on 22nd February 1983, until the next Annual General Meeting:

President: S. C. Ward	(votes cast were 417)
Vice-President (Medical): J. R. Edwards	(votes cast were 228)
Vice-President (Dental): T. W. Lloyd	(votes cast were 204)

Scholarships

Applications are invited for the following Scholarships for the Session 1982-83. Forms are obtainable from the Dean and should be returned not later than 30th April 1983.

The Beaney Scholarship in Materia Medica

Candidates for the Scholarship must have received part, at least, of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the annual value of approximately £1,000.

The Arthur Durham Travelling Studentship

Candidates for the Studentship must be registered medical practitioners who have studied at Guy's Hospital Medical School. The Student is required to proceed abroad for the purpose of carrying out such investigations as may be approved or directed by the Board of Electors, and shall undertake to reside continuously abroad for a period of not less than six months. The Studentship is of the value of approximately £900.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in psychology, more particularly through the study of children in health/disease. The Fripp Fellow is allowed opportunities for study in the Department of Paediatrics and the Department of Child and Adolescent Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years, but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £3,750 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered Medical Practitioners, who trained at Guy's Hospital Medical School. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is up to approximately £1,500.

The Hilda and Ronald Poulton Fellowship

The Poulton Fellow carries out research in the Department of Medicine under the direction of the Professor of Medicine and the object of the Fellowship is to increase the knowledge of the origin, progress, treatment and cure of obscure diseases in man. The Fellow is appointed for two years, in the first instance, with possible reappointment from year to year. He is required to work at least half his time in the Department of Medicine and may hold another appointment at the Hospital or School. The present value of the Fellowship is approximately £900 per annum.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered Medical Practitioners or Graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the Academic Board, except the School, in which he has received his medical or scientific education. The Fellowship is of the value of approximately £1,650.

South Wales Guy's Hospital Society

The 32nd Dinner of this Society is to be held on Saturday, 5th March 1983, at the Whitehall rooms, Park Hotel, Cardiff, 7.15 for 8.00 pm. The President this year will be Dr. T. J. Jones and the guests from Guy's Dr. T. J. Gibson and Dr. S. J. Challacombe. Further details may be obtained from: Mr. C. E. C. Lewis, Glenhaven, Cardiff Road, Taffswell, Mid. Glam. Tel: 0222 810323.

Guy's Hospital East Anglian Society Dinner 1983

The Guy's Hospital East Anglian Society's Dinner will be held on Saturday, 30th April, 1983, at the Marlborough Hotel, Henley Road, Ipswich, Suffolk at 7.30 for 8.00 pm. The Guest of Honour will be Dr. Michael J. Hall, Consultant Anaesthetist. If any Guy's East Anglian has not received notice of this dinner, but would like to come, would he/she please write to: Dr. C. Bishop, Department of Anaesthesia, The Ipswich Hospital, Anglesea Road Wing, Ipswich IP1 3PY.

Guy's Hospital West Somerset Dinner

The annual reunion dinner of the Guy's Hospital West Somerset Society is to be held on Friday, 29th April, 1983, 7.30 for 8.15 pm. The venue is to be the Somerset Postgraduate Centre, Musgrove Park Hospital, Taunton. W. L. Wynn Houghton is to preside. Tickets at £7.00 per person are available from: Dr. T. B. Pitts, Weaver's Mead, Curry Mallet, Nr. Taunton, TA3 6SY.

200 Wine Club

The winners of the 200 Wine Club January and February draws are as follows:

Guy Palmer and Dr. J. Cockburn.

In the hope of offering more and better prizes (presently a case of select wines), the 200 Club cordially invites anyone interested in joining to contact: David McGuckin *via* Floor 24, Guy's Tower.

Guy's Hospital Catholic Society

3rd March. "Natural Family Planning." The Billings Ovulation Method, explained by Anne Briody with the aid of a short film.

10th March. "Drug Companies: Good or Evil?" Some revelations from John Larvin, M.P.S.

17th March. Scripture Study. St. Matthew Chapter 1: for the Feast of St. Joseph, Husband of Mary (on Saturday 19th).

Thursday Meetings are held at 5.35 p.m. in the Reading Room, 1st Floor Boland House. Everyone is most welcome, particularly non-Catholics. Talks are followed by an informal discussion, and refreshments.

Holy Mass is celebrated in the hospital chapel (off the Consultants' Car Park) at 5.00 p.m. every Thursday.

The Rosary is said in the Chapel every weekday at 1.30 p.m. (or downstairs in the Crypt if Chapel otherwise in use).

Retreat/Study Weekend at Thatcham Pastoral Centre, Berks, from 11-13th March, organised by the Linacre Students' Group. Cost £8, details from Adrian Treloar, CathSoc President, c/o Boland House.

Rome Pilgrimage. 4-11th April. Cost £155, details from Adrian Treloar.

Thomas Guy's Last Will and Testament

"The Advertisement", published in this month's edition, is reproduced from an original copy of Guy's Last Will and Testament which also contains the transcript of the Act of Parliament by which Guy's Will was ratified.

This book, printed in 1732, has been made available to the *Gazette* by a private individual, who has asked us to make it known that this rare item is for sale at £120 – to an historically minded Guy's man. The book measures approximately 7in x 4½in, is bound in its original calf, and carries the *ex libris* stamp of Sir William Hale-White, a past Senior Physician to the Hospital. Any would-be purchasers are encouraged to contact the *Gazette* office.

London Medical Group Meetings, March 1983:

ILLUSTRATED SYMPOSIUM: EUTHANASIA: Is there a satisfactory alternative?

5.45 pm Tuesday, 1st March 1983 St. Mary's Hospital

Chairman: Richard Lancaster, Ph.D., M.B., B.Chir., M.R.C.P., Consultant Physician, St. Mary's Hospital
T. S. West, O.B.E., M.B., B.S., Deputy Medical Director, St. Christopher's Hospice
John Harris, B.A., D.Phil., Lecturer in Philosophy, Department of Education, Manchester University

ILLUSTRATED SYMPOSIUM: THE TRUTH ABOUT DIALYSIS: High cost and low return

5.45 pm Thursday, 3rd March 1983 St. Thomas's Hospital

Chairman: W. I. Cranston, M.A., M.D., F.R.C.P., Professor of Medicine, St. Thomas's Hospital Medical School.
Victor Parsons, D.M., F.R.C.P., Physician, King's College Hospital; Physician to Renal Unit, Dulwich Hospital
Kenneth Boyd, M.A., B.D., Ph.D., Scottish Director, Society for the Study of Medical Ethics
P. V. Mancini, B.A., M.Phil., Economic Adviser, D.H.S.S.

SYMPOSIUM: HELPING THE POLICE WITH THEIR ENQUIRIES: The doctor's conflicting loyalties

5.45 pm Tuesday, 8th March 1983 University College Hospital

Chairman: H. Baderman, B.Sc., F.R.C.P., Consultant in Charge Accident and Emergency Department, University College Hospital
Graeme Snodgrass, M.B., F.R.C.P., D.C.H., Consultant Paediatrician, The London Hospital
John Alderson, C.B.E., Q.P.M., L.L.D., Barrister at Law, formerly Chief Constable of Devon and Cornwall
Paul Sieghart, Chairman, Executive Committee, *Justice*

ILLUSTRATED SYMPOSIUM: EXIT vs LIFE: The consequences of polarising public opinion

6.15 pm Thursday, 10th March 1983 Westminster Hospital

Chairman: A. F. Lant, M.B., Ch.B., Ph.D., F.R.C.P., Professor of Therapeutics, Westminster Hospital Medical School
Sir John Walton, T.D., M.D., D.Sc., F.R.C.P., Professor of Neurology, Newcastle-upon-Tyne University
Professor Sir Alfred Ayer, F.B.A.
J. M. Finnis, L.L.B., M.A., D.Phil., Fellow and Tutor in Jurisprudence, University College, Oxford

ILLUSTRATED SYMPOSIUM: THE DOCTOR, THE PATIENT AND THE PAIN: Does medical familiarity breed contempt?

6pm Tuesday, 15th March 1983 Charing Cross Hospital, Fulham

Chairman: A. E. S. Richards, F.R.C.S., Consultant Surgeon, Charing Cross Hospital
Margaret Boden, M.A., Ph.D., Professor of Philosophy and Psychology, Sussex University
Professor P. D. Wall, M.A., D.M., Director, Cerebral Functions Research Group, University College, London
Barbara Saunders, S.R.N., R.C.N.T., Sister, Terminal Care Support Team, St. Thomas's Hospital

SYMPOSIUM: THE DYING CHILD

5.45 pm Thursday, 17th March 1983 Guy's Hospital

Chairman: B. G. R. Neville, F.R.C.P., Consultant Paediatric Neurologist, Guy's Hospital
Margaret Atkin, Principal Social Worker, Social Service Department, Great Ormond Street Hospital
T. J. R. Bruce, M.A., M.B., B.Chir., M.R.C.Psych., Consultant in Psychological Medicine, St. Bartholomew's Hospital
Joan Wills, formerly National Secretary of the Compassionate Friends

SYMPOSIUM: ATTEMPTED SUICIDE: Have the Samaritans the answer?

5.45 pm Tuesday, 22nd March 1983 King's College Hospital

Chairman: Steven Greer, M.D., F.R.C.Psych., F.R.A.N.Z.C.P., D.P.M., Reader in Psychological Medicine, King's College Hospital
N. Kreitman, M.D., F.R.C.Psych., F.R.C.P., D.P.M., Director of the M.R.C. Unit for Research on Epidemiology of Psychiatric Illness, Royal Edinburgh Hospital
Chad Varah, O.B.E., M.A., L.L.D., Chairman of Befrienders International (The Samaritans Worldwide)

ILLUSTRATED SYMPOSIUM: LEAD: When all else fails legislate

5.45 pm Thursday, 24th March 1983 The London Hospital

Chairman: B. T. Colvin, M.R.C.P., M.R.C.Path., Senior Lecturer in Haematology, The London Hospital Medical College
Douglas Harvey, M.Sc. Econ., Director General, United Kingdom Petroleum Industry Association Limited
Robin Russell Jones, M.A., M.R.C.P., Deputy Chairman, CLEAR

Front Cover

Our front cover this month depicts Dr. Golding Bird, F.R.S., who was Assistant Physician to Guy's Hospital between 1843 and 1854.

After his death, his widow endowed the Golding Bird Medals and Prizes in Bacteriology and Obstetrics and Gynaecology. Senior students will be competing for these coveted prizes later this month.

DATES FROM THE MEDICAL DIARY

- March
Wed. 2—Examination for the Gilbert Prize begins.
- Fri. 4—Entries close for the Wooldridge Prize in Physiology.
—Entries close for the School Prize in Pharmacology.
—Entries close for the Treasurer's Medal and Tewfik Prize for Surgery.
- Wed. 9—Examination for the Michael Harris Prize begins.
—Examination for the Treasurer's Medal and Tewfik Prize for Surgery begins.
- Fri. 11—Entries close for the Golding Bird Medal and Prize for Obstetrics and Gynaecology.
- Mon. 14—Final Conjoint Examination begins.
—Examination for the School Prize in Pharmacology begins.
- Wed. 16—Examination for the Wooldridge Prize in Physiology begins.
—Examination for the Golding Bird Medal and Prize in Obstetrics and Gynaecology begins.
- Fri. 18—Entries close for the Charles Oldham Prize in Ophthalmology.
- Mon. 21—Basic Medical Sciences and Pharmacology examinations (5th term) begin.
- Wed. 23—Examination for the Charles Oldham Prize begins.

- Fri. 25—*SPRING TERM ENDS.*
—Applications for the Ian Howat Memorial Prizes, Dennis Deuchar Memorial Prize and Leung Woon Keung Prizes must be submitted to the Dean by this date.
—Entries close for the Beaney Prize in Immunology.

DATES FROM THE DENTAL DIARY

- February
Mon. 28—Entries close for the Examination for the Newland-Pedley Medal and Prize in Operative Dentistry.
- March
Tues. 1—Applications for the Final L.D.S. Examination, Parts I and III (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.
- Mon. 7—Applications for the First L.D.S. Examination (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.
- Fri. 18—Applications for the Third B.D.S. (June/July) Examination, Parts I, II, III, IV and V (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.
- Fri. 25—*SPRING TERM ENDS.*

Obituary

S. W. Hinds, M.D., M.R.C.P., D.T.M. & H.

Dr. S.W. Hinds, formerly Reader in Public Health at the London School of Hygiene and Tropical Medicine, died on the 20th November aged 67 years. Stuart Williams Hinds was born in what was then Northern Rhodesia, coming to this country when 14 years of age for education at King's School, Canterbury and Guy's Hospital.

After qualifying M.R.C.S., L.R.C.P. in 1939, he entered the R.A.F., gained M.B., B.S. in 1941, and then served in North Africa until the cessation of hostilities. On returning he went to the Hammersmith Hospital, gained the D.T.M. & H. and M.D. (Tropical Medicine) in 1946, M.D. (General Medicine) in 1947 and the M.R.C.P. in 1948. Dr. Hinds next went to Bristol as lecturer in Child Health. He had a great interest in preventative medicine, and this led to his appointment as Reader in Public Health at the London School of Hygiene and Tropical Medicine. He much enjoyed his work there among

overseas post-graduate students, often entertaining them in his own home. At the Harvey Tercentenary celebrations in 1957, Dr. Hinds gave a lecture on the Portraits of William Harvey and played a leading part in the transfer of William Harvey's M.D. Diploma of the University of Padua from King's School, Canterbury, to The Royal College of Physicians, London.

In 1969, he was seconded to the World Health Organisation and prepared a report on conditions and health services for Eastern Turkey, and, becoming friendly with many of his Turkish colleagues, he founded with them the Anglo-Turkish Medical Club. In 1966 Dr. Hinds went to the U.S.A., becoming Associate Professor of Child Health in the University of Michigan, and then Associate Professor of Public Health at the University of Texas. Whilst holding this latter post, he published "*The Relation of Medical Triage to World Famine*" which attracted much public attention.

Stuart Hinds was at heart a clinician, and always had in mind the patient and the patient's interest, so that excessive committee work and bureaucracy had little appeal for him. He felt that the developing countries' priority need, in relation to health, lay in good sanitary systems, clean water and adequate diet. He knew some of these countries from his own experiences in childhood and from extensive travel.

Stuart Hinds will be remembered with affection by a large number of post-graduate students in many parts of the world. He is survived by his wife Betty, his son and two daughters.

L. R. B. Birt, M.B., B.S., L.R.C.P., M.R.C.S.

Dr. Lascelles Raymond Bobbins Birt died on July 6th, 1982, in hospital in Johannesburg. He qualified at Guy's M.B., B.S., M.R.C.S., L.R.C.P. in 1927. He also obtained D.P.H. and D.M.R.E. He became chairman of the South African Society of Occupational Health, and was Medical Consultant for the Anglo-American Corporation of South Africa Ltd. in 1968. He was National President of the South African Red Cross Society, and, in 1966, was appointed Governor of the League of Red Cross Societies, representing South Africa. This is the international body which supervises the affairs of The Red Cross all over the world.

After retirement, he became very involved in horse racing, having previously been a member and steward of many clubs, during which time he had distinguished himself in all facets of racing. He was Chairman of the Management Company of the Bendoni Turf Club, of the Witwatersrand Association of Racing clubs, of the Totalisator Agency Board (Transvaal), and first Chairman and Founder of the Association of Racing Clubs of Southern Africa (including Zimbabwe). At the time of his death, he was also Vice-President of the Benoni Turf Club, and no other person in South Africa has been Chairman of five clubs at one time.

He leaves a widow and daughter from his second marriage, and a son and daughter from his first.

Harry Francis Boosey, L.D.S., R.C.S.

Mr. Harry Boosey died peacefully in hospital on August 18th 1982, aged 79. He entered Guy's Dental School in April 1921, and qualified in 1925. At Guy's, he acted as Student Demonstrator of Dental Histology in the old Conservation Room.

Mr. Boosey always took a keen interest in Guy's, and was a supporter for the rest of his life, even though in old age he was unable to attend the functions he would so much have enjoyed.

He was in practice at Westcliff-on-Sea for many years, but also served with distinction at the Essex Eye Hospital from 1929 to 1935, and his skill in helping patients there was testified to by the Hon. Ophthalmic Surgeon. He also served at Leeds Dental Hospital for some years as Honorary Clinical Tutor. His skill with special jaw cases was paid tribute to by the Ministry of Pensions. Latterly, he served as Dental Officer of Rochford Clinic, Essex, and he also carried out school inspections and treatment for Essex County Council.

Harry Boosey was a very modest man and a perfectionist, wholly dedicated to his work. His skill was appreciated by his many patients, some of whom came from afar.

Clubs' Union News

During 1982 and 1983, the Clubs' Union Officers have endeavoured to make the members of this Union more aware of the excellent facilities made available to them. This time last year, it seemed to me that many Union members were deriving little benefit from their Club; we hope that in the past year a greater percentage of students have taken a fuller advantage of all this Union has to offer.

I wish to make it clear in this report that the past year would not have been a successful one if it had not been for the dedicated work of the Union Officers who have worked with me throughout the year. One of the most important aspects of the Clubs' Union activity is the social programme at Guy's. Sarah Wollaston, Social Secretary, has worked extremely hard during the year and organised many excellent functions; of particular note during the year were the Jazz Evening for Steve Duckworth, the Summer Festival and Freshers' Week. She organised a number of theme discos and other musical evenings, many bolstered by drinks' promotions which Sarah seemed able to organise at the drop of a hat. Her greatest achievement of the year was undoubtedly the Snowflake Ball. Sarah is the first social secretary to produce a meal at the Snowflake which was not only very palatable but also did not incur a phenomenal loss. The food was complemented by a selection of magnificent music and entertainment which made Snowflake '82 the best yet.

The sound of Plasma Roadshow is one which is familiar to almost every Guy's student. For the past four years, the discs have been spun largely by one man – Chris Birtwhistle, who is standing down as D.J. so as to concentrate on B.D.S. finals. Chris has worked very hard behind the turntables during the last four years; he has largely rebuilt and re-equipped the disco, so that it is now one of the best mobile hospital discos in the country. Running Plasma Roadshow requires more than simply a cool voice and a steady hand to cue records. It entails a lot of work in setting up and putting away as well, which Chris has done without a grumble. He often did consecutive nights so that people would not have to pay the extra expense of an outside disco. Chris has added greatly to the social scene at Guy's and deserves our sincerest thanks.

The Union Shop moved from the two cupboards in the Union Office to a new premises off the foyer in Boland House, at the beginning of last year. It has been under the enthusiastic but careful management of John Edwards and now opens on a regular basis. A substantial number of new lines have been introduced; of note are the full-colour crest, all-wool jumpers, white coats and an ever expanding stock of very cheap stationery. John and the Clubs' Union members who help him to provide this excellent service to the Union deserve our sincere thanks.

During this past year, the Bar has been plagued with a run of bad luck. It started with a closure because of damage caused by people using the bar. The Clubs' Union Council adopts a policy of closure after damage because it feels that it should take action to protect amenities open to all students from the small minority who seem determined to wreck them.

Shortly after this, Anne Barton resigned and the Bar Committee went through an unsettled period without a permanent Bar Secretary, until June, when Andy Jones was elected. Then, in early August, Les Day died suddenly. This left us stewardless until the appointment of Harry Kean in September. The N.H.S. strike also meant that deliveries were not getting through as they should. It was a miracle indeed that the Bar opened on the first day of term in October. When it did, it opened with the Bar Secretary on a firm at New Cross, which further hampered his efforts to consolidate bar staff arrangements. It was shortly after the opening of the Bar that it began to return substantial losses of about £10 a night. These losses can only have been incurred because some of the Bar staff working behind the Bar were either totally inexperienced or incompetent.

It must be appreciated by members of the Union that it is our collective responsibility to discourage this kind of behaviour; Union Officers should not meet a stony wall of silence when trying to find out who is responsible for a particular incident. Considering the difficult circumstances surrounding the bar, I believe Andy Jones has done as good a job as could be expected and we thank him for all his hard work.

For the past year, Mike Bellew has been Dental Vice-President. I trust that the Dental Students are as happy with the work he has done over the year as I am – for he has plagued me not once with Dental Student Affairs. It is worth noting in this report that we shall have an influx of Dental Students

next October when we absorb part of the Royal Dental School intake. This will mean that the Dental preclinical year will number 103.

It is also the Clubs' Union Officers' job to represent Guy's within the University. For most of this year, George Noble was Student Senator for Medicine and, as such, fought many committee battles in the interests of medical students as a whole. Whilst a Senator, George was convenor of the U.L.U. Medical Group which had many lively debates on medico-political matters of national importance. A number of other Union Officers attended these meetings and learnt a lot from them as well as contributing to the discussions.

The Union also sends delegates to the U.L.U. General Council, but I have to confess that I, as do many others, find U.L.U. General Council a particularly bad forum for discussion or decision making as it seems to be forever in a state of point of order or point of procedure. This means that the debates are very long and invariably end with few concrete decisions.

The Clubs' Union has also supported the M.S.S.I.S. Conference during this past year. The conference is run by an insurance organisation and is essentially an informative service. However, when any corporate decision concerning any matter which could be construed as political is taken, it is understandably underplayed by the sponsors, who would not wish any political decision to be taken under their auspices lest it damage their business. This, in effect, reduces the conference to a swapping of ideas which is of great benefit to all the Officers who attend the forum. Medico political matters do, however, continually crop up at this conference which is the only national conference of medical students to date. The B.M.A. is hoping to rectify this state of affairs and the Union can rest assured that Guy's will be fully represented at any national conference initiated by the B.M.A., or indeed any other body.

The biggest event to occur this year in Guy's was the International Rugby Festival, held at H.O.P. in aid of Stephen Duckworth on 10th October, 1982. This event brought hundreds of Guy's men together in a major effort co-ordinated largely by Stephen Challacombe and Stephen Kennedy. The Union was very much involved in the preparations before and on the day.

The other major event this year, which passed without so much as a ripple on the surface of Guy's was the merger with St. Thomas's Medical School. The mill-pond like reception that the merger received is very unlike the troubled waters that were forded to ensure that the merger went ahead. I wish to state that the Clubs' Union will maintain its constitution and its autonomy despite the merger with St. Thomas's. One consequence of the merger is that there have been slight changes in the student representation at School level, such that there are now two student governors on the United Medical Schools Board of Governors. This will ensure that the powers-that-be are well aware of the opinions of the students who will be affected by their decisions.

It has been my general impression that over the past year the Clubs that make up the Union have been very active in their various spheres. Although difficult to assess, I believe that, thanks to the dedicated work of all the Union Officers and the work put in by the various Club Chairmen and Secretaries, more students have derived more benefit from the facilities that the Union offers. If this is a true impression, then the retiring Council has not failed in its objective. I would like to thank Dr. Scott for his careful Chairmanship of Council throughout the year, Mr. Bompas for his unfailing interest in the welfare of the students of this School and Professor Rowe, Senior Treasurer. Dennis McCance and Dr. Knight both retire from their posts on the Union Council and I would like to thank them both on behalf of the Union for all the work they have done during their years in office. We welcome Dr. Lloyd Denmark and Mr. Beard to the Council and hope that they will enjoy their time on Council. I also wish to thank Chris Hood for his work as Vice-President during his unfortunately fore-shortened term of office; Simon Ward, Mike Bellew, Sarah Wollaston, John Edwards, Andy Jones, Mark Battebury and Neil Roberts. These are the people who have worked for you over the past year.

It only remains for me to wish Simon Ward and his new Officers good luck for the coming year. They are full of new ideas and plans and I am sure they will have the full backing of the Clubs' Union in all they undertake.

Lawrence Maule

Dental Notes

by **A. D. Robinson**

We look forward to the Annual Clinical Day on Saturday, 5th March and to the Ball in the evening of that day. Requests for tickets for the Dinner on 27th May are arriving in good numbers. Tickets for this function will be on sale on Clinical Day.

The news items I am able to report can only be the matters in which I have personally been involved or have been brought to my attention. There may, therefore, seem to be a disproportion in favour of conservative dentistry. I claim no proprietorial right in this column of the *Gazette* and am sure that the editors will gladly accept others' contributions.

My two news items for this issue are:

On Friday, 11th February, a Dinner was held for the combined staffs of the Departments of Conservative Dentistry at Guy's and the Royal Dental Hospital. Thirty people were present in the very pleasant surroundings of the Little Ship Club, Bell Wharf Lane, near Southwark Bridge. The purpose, of course, was to start to get to know people we shall be meeting a lot more in the fairly near future.

Item two is to report the recent completion of the Siemens/DSE Room (No. 306) on the 25th Floor of the Guy's Tower. The equipment in this room is on extended loan to Guy's from Siemens Ltd. and Dental Supply and Engineering Co. Ltd. The room will be open to visitors on Clinical Day, as also will be the Claudius Ash Room on Floor 25 and the Baxter Room on Floor 26, which have been equipped under similar arrangements.

Spare Tyre Theatre Company

Reviewed by Chris Donovan

Spare Tyre Theatre Co. presented the (world's) last performance of "*Women's Complaint*" on a wet Thursday evening early last month in the cosy informality of the Ballroom. This historic (well, almost) end to a long and successful run was witnessed by an ideological menagerie ranging from patriarchal papists to screaming separatists.

Perhaps the pink colour of the promotion posters or the "unregistered" aura about the caucus of ticket sellers made many fear an excessive, didactic Rapid Deployment Force from the "monstrous regiment" (!).

Those cynics whose corsetted, cerebral cortices perceive all women as "*Daily Mail*" stereotypes were disappointed.

The message wasn't shoved down our throats but offered in an appetising, digestible dish which stimulated the taste buds but also satisfied the inner person.

Not propaganda but more "*Congregatio de propaganda fide*". Like MacDonald's, it was fast, slick and varied but a lot funnier.

Inspired by Susie Orbach's stimulating best-seller "*Fat is a feminist issue*" ("Fiafi" to pseudos), the show portrayed how social pressures coerce women into conforming to artificial media images.

In the open discussion after the break, it was clear that in health professions there is a two-tier system of "real" doctors/dentists, etc. and "lady" doctors/dentists, etc. and also clear that professional women expect to be taken seriously by their anachronistic male colleagues.

Spare Tyre hope to perform their new show at Guy's next Spring.

Chris Donovan

BMS Party Review

by A. R. Tammar

Mid November. Busy teaching week. What's this card in the pigeon hole? Too early for a pay slip. Is it a reprint request? Is it another reminder from the Wills about the overdue books? Perhaps it's the long awaited formal allocation of bicycle parking space on the 3rd floor landing? No, it's none of

these. It's a maroon card inviting me to attend a party, to be given by the 2nd year B.M.S. students at 7.30, on Friday, December 17th. *How kind.* Three and a half term's unstinting effort in reshaping young minds at last receives (proper) recognition. Food, drink, disco, revue and p.r.n., whatever that is. Lounge suit I see. Hope they'll provide protective clothing. Write date in diary. Back to the bile.

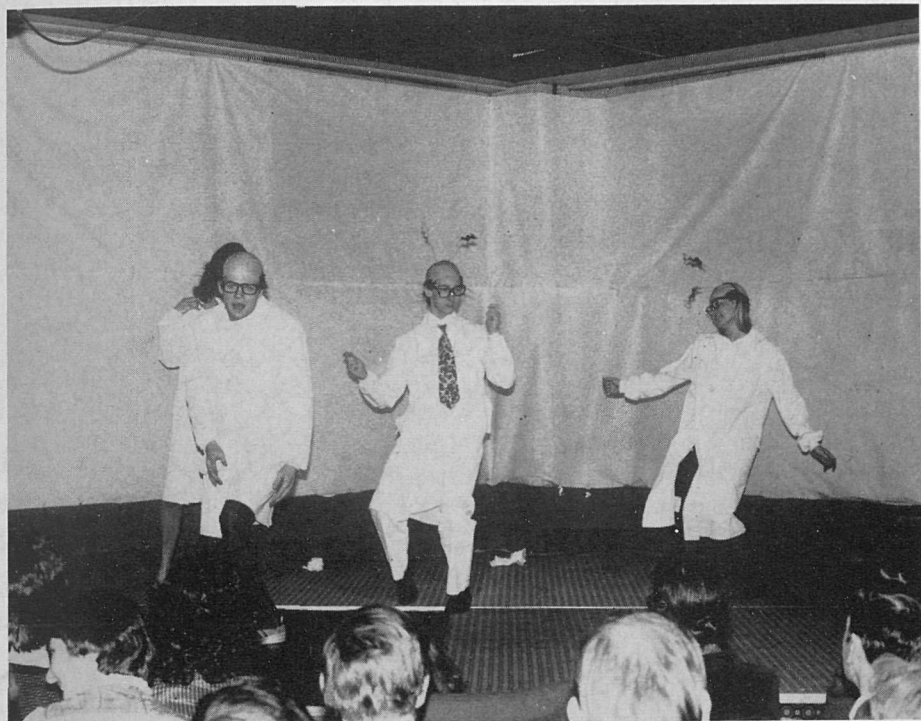
December 17th. Small breakfast and lunch in anticipation of evening feast. Find space for car in front car park despite jam of student limos. Arrive calculated ten minutes late. Offered pre-revue drink. Easier said than done. Pull rank and muscle to bar. Beer or wines of varied hue, none too presumptuous. Have a couple of glasses of white and attempt to circulate. Congratulate several girls on elegant attire. Why don't they come to practicals dressed like that? Exchange merry banter with loud mouthed boy about relevance of biochemistry to his anticipated professional career. Must find out who was on *his* interviewing committee. . . . Should be more staff here. It's supposed to be in our honour after all.

Try a glass of red. Not an E.E.C. wine surely? The revue is announced. (This is it). Who will they get at this year? Thoughts of Tim Lancaster's memorable Peter Williams portrayal flash past. Am carefully ushered to specially reserved armchair in front row. Looks sinister. An innocuous enough start. Lots of girls in fish net tights. Legs and laughter amiably compèred by Phil Brown. A predictable *viva* scene. More songs, clearly much better



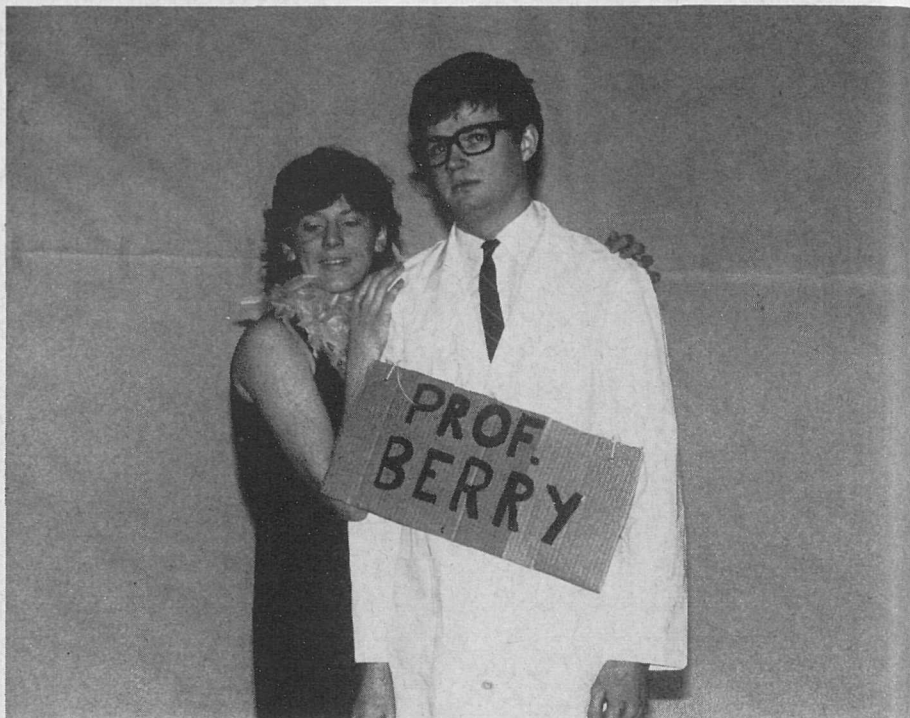
The Chorus Girls

rehearsed than usual. Aha, so that's why I'm in the front row. The Tony Tammar Time Warp. A curious dance alleged to derive from the late fifties performed by four "clones". A late arriving colleague's wife was convinced that Chris Barry was the real thing. Luckily arm chair deep enough to squirm into. At last that's over. Now a sketch about Ray Cash and his extra mural activities. More legs and laughter. Professor Macdonald's letter bomb – they



The Tony Tammar Time Warp

can't be serious. Congratulations to Marcia Hall for successfully dragooning her assorted crew into such excellent shape. Well deserved round of applause. Now (it's time) to eat. Pull rank and muscle to front again. Covers removed to reveal seemingly endless array of groaning tables. Vast quantities of sliced first class protein and accompanying varied salads. Very hard work organised by Hilary Cook and Claire Howard. Dietitian's delight. Overload plate and attempt balancing act with new glass of white and plastic fork. circulating the while. Everybody very friendly and no further aggro about biochemistry. Manage to empty plate without spills. Make for sweet course. Place is even more crowded; seem to be some gate crashers. Was that someone on an outside window ledge? There must be easier ways to get in and out. Find delicious trifle. Again manage without spilling despite crush.



Professor Berry's Initiation by Proxy

Caterers succeed in feeding guests as well as uninvited free loaders and free fallers. Jazz band starts up. People engage in what passes for dancing in the post-Sylvester era. Music very good but punctuated by ubiquitous disco. Thoroughly enjoyable evening and many thanks to John Latimer who master-minded the organisation.

The European SHO Exchange Scheme in Medicine

by A. Hermon Dowling

Did you know that it is possible to spend a year in a first class academic centre in one of several major European cities, as an SHO in medicine?

For five years now, a scheme has been operating whereby doctors from University Hospitals in Geneva, Basel, Frankfurt or Rotterdam exchange with their opposite numbers for a twelve month period, either within Continental Europe or with one of the three teaching hospitals here in London: Guy's, Bart's and Hammersmith.

The idea behind this Exchange was the brainchild of Professor Charles van Ypersele who is a nephrologist working at the Catholic University of

Louvain (which is now based at the Hoopital St. Luc in Brussels). Professor van Ypersele, who is well known here at Guy's where he has many friends, was President of the European Society for Clinical Investigation – an organisation whose members become emeritus at the age of 45 in 1976. As a farewell gesture to the Society, van Ypersele decided to do something practical to cement relationships between different European countries. Officially, of course, under EEC regulations, doctors are already entitled to move freely from one country to another within the community. In practice, however, because of competition for jobs and obvious linguistic problems, few doctors actually move to take up residence in another EEC country. Therefore, van Ypersele arranged a meeting between Professors of Medicine at the above-mentioned centres and so the SHO Exchange Scheme began.

The initial experience with the scheme has been very encouraging, and for the appropriate individual it provides a wonderful opportunity to see medicine from a different vantage point and to learn something about the professional and cultural aspects of another country. It does, of course, mean that the man or woman going to a European centre to represent Guy's and British medicine, must have certain qualities. First and foremost, they must be competent in the language of their adopted home (French, German or Dutch). Secondly, they must be of high academic calibre since they will be ambassadors for Guy's and for this country. Thirdly, they must be willing to spend a year away from training in Britain. At first sight, this might seem to be a disadvantage for those who wish to pursue a career in hospital or academic medicine. It does, of course, mean "stepping off the ladder" for 12 months but the advantages of the scheme far outweigh the disadvantages and it seems likely that many Appointments Committees would regard this experience as an honour and a bonus on any *curriculum vitae*.

What does the scheme entail? It means that the doctors going to Continental Europe will assume full clinical responsibility of their opposite numbers. In other words, this is in no sense a scholarship but it is a working post. Experience has shown that British graduates going overseas are offered exciting and stimulating rotations in the host hospitals, but the individual rotation is a matter for discussion and negotiation, once the Exchange has been arranged. The exchangee receives the salary of his opposite number in Europe while the visitor to Guy's becomes one of the established SHO's working here.

Guy's was invited to participate in the scheme for the first time some two years ago and our first "winner" was Hugh Cairns, who, with his wife, Helen Cotton, spent 12 months at the University Hospital in Geneva. Many of you will remember, with pleasure, Jean-Michel Cereda who came to Guy's from Geneva and who created such a favourable impression here. This year Dr. Sheena Ramtoola joined Guy's SHO's in medicine from Bristol and in April 1983 she will be going off to spend a year in Brussels exchanging with Dr. Christian Mareschal.

To find the right individual for this Exchange from a relatively small pool

of housemen and SHO's is not always easy, but as far as possible we would like to encourage our own graduates to represent Guy's on the scheme – rather than colleagues from elsewhere in Britain. As you know, in common with all the other London teaching hospitals, Guy's now advertises for its Medical SHO's in the national medical press and many feel that this is a healthy innovation. Normally, these SHO appointments are for one year only. To help participants in the European Exchange Scheme, however, the appointments are for two years of which the first six months will be spent in the Guy's group, the next 12 months overseas and the final six months back at Guy's. This should enable the individuals concerned to sit the MRCP examination and to apply for their next job. We hope, as far as possible, to encourage "the home team" to apply for the Exchange post and we felt it important, therefore, to let you know, through the medium of the *Gazette*, a little more about the Exchange with the hope that some of you can plan ahead and consider this exciting and unique opportunity to broaden your medical experience.

If you would like more information about the scheme, do not hesitate to contact the Superintendent's Office, Professor Lessof or myself (as co-ordinator here in Guy's). I only wish that I too had the opportunity to participate in such a worthwhile venture. *Bon voyage, Gute Reise, Goede reis.*

Dickens's Medical Students, Part III

by T. B. Layton

We must deal rapidly with the other '*medical fellows*' who attended the party in Lant Street. They are five in number, and may be tabulated thus:—

a large-headed young man in a black wig;
a scrobutic youth in a long stock;
a gentleman in a shirt emblazoned with pink anchors;
a pale youth with a plated watchguard;
a prim personage in clean linen and cloth boots.

If we add Mr. Jack Hopkins, who '*wore a black velvet waistcoat, with thunder-and-lightning buttons, and a blue-striped shirt for a false collar,*' the descriptions might do for a group of students to-day after making allowance for changes in fashion. Nor would the allowance have to be a very great one, for we still see pale youths with plated watchguards, while others emblazon emblems upon their ties in place of their shirts. Nor are any of their garments so remarkable as those nether ones that fall halfway down between the knees and the ankles so that it is impossible from behind to know whether the wearer is a young man intending to play golf or a shingled young woman. The only garment that gives us any trouble is Mr. Hopkins's collar. It suggests to us an indiarubber article with a crack across it, but we cannot believe that such a thing was ever worn by anyone that studied at St. Bartholomew's.

Of the youth with the watchguard and the young man in a wig we hear no more. *'The prim man in cloth boots,'* however, is remarkable for two things. *'He had been unsuccessfully attempting to make a joke during the whole time the round game lasted'* – it was *'vingt-et-un at sixpence a dozen'* – and equally unsuccessfully he tried to tell a *'a long story about a great public character, whose name he had forgotten, making a particularly happy reply to another eminent and illustrious individual whom he had never been able to identify.'* When we say he was remarkable for these two things, we do not mean that there was anything unusual in him, in fact rather the opposite. We mean that the facts are recorded about him. Of the remaining two we know the names; that of *'the scorbutic youth'* was Noddy, that of *'the gentleman with pink anchors'* was Mr. Gunter. They had *'a slight dispute'* during the game of *vingt-et-un*. This broke out again after supper, when the brandy had to be drunk with cold water instead of hot owing to Mrs. Raddle having *'raked out the kitchen fire afore she went to bed, and locked up the kittle.'*

This quarrel is of extreme interest as it illustrates a phase in the change of our customs. It occurred at a time when duelling was still in existence, but when it was passing. The one retained the dueling ideals, the other had ceased to regard them, and as so often happens, the person with the new ideas treats the old ones with derision. It is Mr. Noddy who issues the challenge:–

"I request that you'll favour me with your card, Sir."

Mr. Gunter refuses, and on being asked his reason for this replies:–

"Because you'll stick it on your chimney-piece and delude your visitors into the false belief tha a gentleman has been to see you, sir."

At this, Mr. Noddy has another try:–

"Sir, a friend of mine shall wait on you in the morning."

Only to receive the reply:–

"Sir, I'm very much obliged to you for the caution, and I'll leave particular directions with the servant to lock up the spoons."

Electrical Measurements on Membranes

by A. M. Roberts

The surface membrane is arguably the most important part of any living cell. It is the membrane which governs the passage of water, gases, nutrients and indeed drugs into the cell, and it is through the membrane that the cell must communicate with the outside world. Physical techniques have revealed much about how membranes function, and a considerable amount of such work has been done in the Physics Department at Guy's Hospital Medical School, including electron spin resonance spectroscopy, X-ray diffraction and electrophysiological studies. Here I wish to discuss briefly the scope and importance of electrical methods in the study of cell membranes.

Traditionally, the main tool of electrophysiology is the microelectrode, a fine pointed open glass tube containing conducting solution which can be pushed through the membrane to monitor the electrical potential of the cytoplasm without (hopefully) disturbing or damaging the membrane itself. When the cell is stimulated, the resulting electrical changes across the membrane can be recorded. In nerve cells, the electrical changes are rapid and complex, and the voltage clamp technique, in which the transmembrane potential is fixed while membrane currents are measured, proved to be a crucial advance. Using this technique, Hodgkin and Huxley studied the responses of the squid giant axon to electrical stimulation, and were able to develop a mathematical description of the nerve impulse for which they were awarded the Nobel Prize.

Hodgkin and Huxley's model of the axon membrane postulated the presence of "pores" or "channels" which open in particular circumstances to allow the passage of specific ions across the membrane. The characteristics of these channels can now be measured directly using the recently developed patch technique in which the microelectrode is pushed up to (but not through) the membrane, a small patch of membrane being gently sucked into the tube so that an electrical seal is formed between the patch and the rest of the membrane. Now the ionic currents flowing through the patch itself can be measured. Since the patch is very small, it is possible to detect the current flowing through only one or a few individual channels, and such current records show clearly how the current magnitude changes in discrete jumps or quanta corresponding to the opening or closing of a single channel. By using agents which specifically block one type of channel (e.g. tetrodotoxin for blocking the sodium channels) the conductances and rates of opening and closing of the different types of channel in the membrane can be measured. The technique also offers the possibility of distinguishing between the effects of different substances (including pharmacological agents and neurotransmitters) on cell permeability and of facilitating studies on the mechanism of local anaesthesia. Similar information is being obtained from experiments in which electrical fluctuations are measured as noise in the membrane current.

In recent years, the techniques of electrophysiology have been improved in two ways. Firstly, the almost universal use of transistorized electronics (particularly FET high input impedance stages) allows systems to be built up which are easier to use and are more stable and reliable than earlier systems. Secondly, the advent of the dedicated laboratory computer has made on-line analysis of physiological data quite straightforward, and computers can also be used to control experimental regimes. In addition, computer based calculations play a vital rôle in the building and testing of mathematical membrane models which are used to interpret the physiological data.

Some cells – particularly bacterial cells – are so small that impalement by microelectrode is scarcely feasible. Are electrophysiological studies of any sort possible in this case? Cells can certainly be stimulated by applying a voltage between two electrodes in a cell suspension; this is essentially a form of voltage clamp in which the magnitude of the clamp voltage during the

pulse varies over the cell surface. The effects of the stimulation can be monitored in several ways. One method is to inject into the cell fluorescent dye (such as merocyanine) which emits fluorescent light with an intensity determined by the membrane potential, and to monitor the light output from the suspension during the following stimulation. Another method is to monitor the motile responses of the cells (where these are exhibited) since, in at least some cells, motility is known to be governed by the internal calcium concentration; the cell responses can be recorded either directly on ciné film or indirectly using a low power laser beam and light scattering techniques.

We have been using the latter technique to study electrophysiological aspects of the protozoan ciliate *Paramecium*, an organism in which microelectrode impalement studies have already revealed much about its electrophysiology. We have been able to determine a precise relationship between the electrical responses of the cells and their overall motile behaviour, and have been able to test critically the physiological model proposed recently by Hook and Hildebrand. Having demonstrated the validity of the method, our intention is then to extend the investigation to cover electrical responses in bacteria where the motile behaviour of the cell activated by bacteria which rotate at their bases by turbine-like motors in the cell membrane, is thought to be related to the transmembrane proton gradient.

Although electrophysiological techniques have now been in use for well over four decades, it is clear that their usefulness is far from being at an end. New advances in electrical instrumentation, the use of radioactive tracers and ion sensitive electrodes, the invention of the patch technique and of new techniques such as the motility studies outlined above, all suggest that biophysical methods and techniques will continue to play a key rôle in unravelling the secrets of the cell membrane.

Quodlibet Society

Melvyn Bragg

On 25th November 1982, Quodlibet were lucky enough to obtain Mr. Melvyn Bragg to talk about "Television and the Arts"; apparently the two need not be mutually exclusive.

Mr. Bragg saw television as having three rôles: to transmit, report and comment. With reference to the former, he conceded that television had plundered the West End and other performance arts, including concerts and opera. Inevitably, this led to disappointment due to the loss of subtlety inherent in the medium. However, he pointed out how television could improve the lot of the spectator – for example, close-ups and action replays in sport. Similarly, he said, with Wagner's Ring Cycle, the viewer was given a simultaneous translation, although inevitably losing out on sound quality.

Quality was improving, he claimed. Originally, West End plays were filmed *in situ*, but these were then brought to purpose built studios. He emphasised that most recently of all, television plays had "moved away", creating a new genre. Television has its own advantages – for example, the recent *Nicholas Nickleby* production, which was not necessarily an improvement, but certainly different and good.

On the subject of television aspiring to the arts, Melvyn Bragg pointed out that David Mercer and Dennis Potter had written television dramas; there were Harold Pinter's plays for television and Tom Stoppard's *Professional Foul*. He felt that these were just as good as stage presentations, and indeed, that television had held its own with novels and poetry as well. Some drama writers had risen to the challenge of television: "a vulgar meeting". Even though he thought *Professional Foul* was a very good play, he felt that the press were being arrogant. "*The Times*" had not deigned to review it. The special constraints of writing for television could "enhance, point and refine" playwrights, he said; these included working to a budget, time available for filming and time of the slot into which the programme would be inserted. This still attracted men of talent: Harold Pinter's first play on television had had 24.5 million viewers.

On the topic of "campaigning media", Mr. Bragg compared the comeback on television programmes to that obtained by Dickens' *Nicholas Nickleby*, the consequent outcry leading to the closing of the institutions described in the novel. Modern day novelists were not so morally crusading, whereas television playwrights had produced thought provoking work which had precipitated audience reaction; he cited *Kathleen Unhung*, a play about London's homeless which had led to the setting up of the "SHELTER" organisation.

Superlative documentaries on animals were in the best traditions of English illustrators: here, at least, television could justifiably aspire to the arts with few detractors. Changing the subject, Mr. Bragg said that specific arts programmes tended to take a single subject, e.g. Olivier, and pursue their own techniques. This led to programmes of high quality, but low quantity which were expensive, and anyway were broadcast at unsocial hours.

Television news had the weakest arts coverage: the tradition of featuring the arts began with *Panorama* in the 50's. Writers such as Kingsley Amis received as much attention as Krushchev. Ironically, it had been the removal of arts from current affairs to specialist programmes that had led to criticism of them being "elitist". Mr. Bragg found it iniquitous that football received vast amounts of coverage, whereas there was never anything on the theatre, or novels; far more people go to the theatre than to football matches, and the bias in the news was due to the philistines on the production team. It was the fault of the news programmes themselves that had allowed coverage of the arts to diminish so much.

After the talk, there was a lively round of questioning, to which Mr. Bragg responded with the wit and humour that characterises *The South Bank Show*.

John Latimer

A Copy of the
Last Will and Testament of
Thomas Guy Esq.
London
Printed in the year MDCCXXXII

ADVERTISEMENT

The Governors of Mr. Guy's Hospital, having been censured as acting contrary to the intention of the Founder, by discharging persons from the benefit of his Charity, because they were incurable; they think it necessary to justify themselves: And to this end they have reprinted his Will, which alone might be sufficient to remove this mistake, his intention being therein very plainly expressed and declared.

He himself apprehended, and his suspicions were confirmed by those he consulted, that the word, *Incurable*, was of too large and indefinite a significance: And, indeed, People generally understood by it, such as labour'd under distempers, loss of limbs, blindness, and other natural or accidental deformities, and even age itself. And if taken in such an extensive sense, his Hospital must soon have become an Almshouse, into which (to use his own Words) Parishes, as well as particular persons, would shift off from themselves the burthen of their dependents and indigent relations, to be provided for during their lives; which he foresaw, and often spoke of with great concern to several of his Executors and other persons yet living; and accordingly has described the persons, for whose relief he designed his Hospital, to be such as are *thought capable of relief by Physick or Surgery, and has submitted the several species or kinds of sick persons deemed or called incurables, and also the time of continuing them in his Hospital to the Discretion and pleasure of his Trustees.*

Besides this mistake about the conduct of the Trustees, there have been attempts to defame the memory of the Worthy and Charitable Founder himself, as doing no good in his lifetime; but heaping up a great estate with an ostentatious design of founding an Hospital at his death.

Facts best answer such invidious suggestions:

Many of his poor, tho' distant relations, had stated allowances from him of Ten or Twenty pounds a year, and occasionally larger Sums; and to two of them he gave Five hundred pounds apiece to advance themselves in the World.

He has several times given fifty pounds for discharging insolvent Debtors.

He has readily given a hundred pounds at a time on application to him in behalf of a distressed Family.

These are some of his good deeds which are come to light since his death; from which everyone must be convinced, that his private acts of charity were many and great; and from their secrecy, that they flow'd from a right principle.

Some of his more publick benefactions were as follow:

Early in life he began the erection of an Almshouse at Tamworth for fourteen poor People, and maintained them to the time of his death, and then endow'd it for ever.

He contributed one hundred pounds in the year 1709 to the Brief for the poor *Palatines*, and the like sum to St. Thomas's Hospital on account of the admission of a great many of those among them who were sick and disabled.

When he met with such diseased and friendless Objects as wanted the help of an Hospital, he was used to send them to St. Thomas's, with directions to the Steward, to supply them, at his Expense, with Cloaths, and such other Necessaries as are not provided by the Hospital.

Sixteen years before his death he built and furnished three Wards in St. Thomas's Hospital, for the reception of sixty-four patients. He rebuilt two large Houses at the front of it, and adorned the entrance between them; which together cost him between two and three thousand pounds.

He gave one hundred pounds a year to that Hospital for eleven years successively, till he began to build his own; which he lived to see almost finished, and cost him about fourteen thousand pounds.

From these instances, it is easy, to judge, on which side Charity has been wanting.

Hotstuff in the Hotseat

by Sir Horatio Hotstuff Bt., M.B., B.S. (Failed – but all near misses.)

Netherwick had detected an air of melancholy in his master's humour that morning.

"Am I led to understand, sir, that your presence has been requested in the Deanery?"

"Dash it all, Netherwick, palace of the White Tornado – twelve-thirty. Got wind on the jungle telegraph yesterday – internal post they call it; more like round the Park in eighty days. Reckon I'm in for a wiggling over those infernal tests they keep on dishing up with frivolous regularity."

"Finals, sir?" Netherwick enquired discreetly.

"Nothing's final in this world, Netherwick, and certainly not when you've been at 'em for as long as I have!" I was beginning to get morose.

"Your attire for the audience, sir? Will it be the Savile Row sackcloth or the pious pinstripe?"

"Damn it, Netherwick, I do not pay you a handsome stipend for you to make a mockery of me. No, I think my great uncle Hamish McCanical-McSpredder's kilt would cut more ice. Worked wonders for him – always maintained it kept his acumen cool."

Netherwick turned to leave.

"Oh, and lay out my ancestral sporran, the one that tickled Lady Crackfords-Wappers at that topping little shindig at Lort Nutluse's place. Haven't got time to mess around while you titivate the old rabbit now, just shake out the cigar butts and put it out in my dressing room."

At twelve-thirty, I found myself exchanging glances with a rogue's gallery of distinguished pontiffs in the Holy of Holies. I rose as the Dean entered.

"Now, Hotstuff, I don't like calling you here on such a premise –" the hornrims were beginning to gyrate – "but I feel you should be warned of your imminent fate."

"Qualification, sir! Yes, rotten business isn't it? Up at all hours, no time for a quick gin at the club, decisions, dec . . ."

"Your performance, Hotstuff, in your last six attempts has been, how shall I put it, subject to debate." The Dean is a master of tact.

"Well, dash it all Dean, every respect to you and all that, but I can't seem to get wound up in all this progressive bit – you know, this community medicine lark; and as for that question on the pseudo-neuro-somatico-psycho syndrome." The hobby-horse was at the gallop. "Golly, I know my familiarity with Cony's bible isn't exactly intimate, but that one was a touch below the old belt!" A brief vision of Celia Crackfords-Wappers flashed through the hippocampal gyrus.

Abruptly, the hornrims ceased their orbit – had it've been Bo', the eyeshade would have clattered into the ash-tray long ago.

Disgraced, disowned and defrocked, I beat a sombre retreat to the Loose Gripe to warm up my drooping acumen with Groitrembler and game-pie.

Charities Week

London-Brighton Cycle Ride

On a bleak, black morning an event, not before attempted by many courageous folk, was about to start. The event was a cycle ride from Boland House to Brighton, a distance of roughly 60 miles. The following account of woe and misery is countered-balanced by stories of hope, fortitude and a lot of Courage. A story of such magnitude that it makes the Diaries of Anne Frank read like a Winnie-the Pooh annual!

The following account of what happened (well, most of it) is contained in the paragraphs below:

6.00 am Saturday, 5th February. Boland House. Car Park empty.

6.15 am – First few riders appear. Back-up crews arrive with cream eggs aboard

6.45 am – 25 riders assembled in foyer. Amongst those in fancy-dress, some-one resembling a cross between Miss Moffat and a Dutch call girl and, representing the nursing profession, were two tandem “girls” in black silk stockings and suspenders (any resemblance to Mark Pritchard and Richard Capp was only skin deep)

6.50 am – first riders sweep out of Boland House gates to Brixton Road.

6.51 am – the two “nurses” are seen, arms and legs waving in all direction skirts askew, hats fluttering, heading for the *Market Porter*.

8.00 am – Mile 13. The all girl tandem team of Kim and Hilary meet disaster. Their sprocket bent. This was not as painful as first thought but meant that they could not carry on without a pit stop. Geoff, on a two-wheeler (he left his three-wheeler at home), arrived, but discovered that even though his mechanical knowledge stretched to adjusting his stabilisers, he could not do without the help of pliers. But do not get distressed, folks. For one of the two back-up cars arrived with the mobile engineer, Adrian, on board. His expansive knowledge and a pair of pliers (his teeth), meant that Kim and Hilary could carry on.

8.05 am – Geoff’s back tyre blows — this time no back-up crew in sight.

8.15 am – all “nurses” tandem team leave the Market Porter.

8.30 am – first batch of riders pass Gatwick Roundabout. Back-up crew eat second box of cream eggs.

10.10 am – the first rider Richard Murrell glistening in his blue spider-man costume coasts into Brighton so out of breath that he manages to recite the whole of Shakespeares sonnets in Arabic backwards.

10.50 am – Mile 26. The all “girl” tandem team suffers a major setback. No, Mark’s stockings had not laddered as first thought, but their gears snapped. (Rumour has it that it happened outside a convenient pub.) From then on they had to walk with the tandem to the nearest station (a mere 12 miles away).

11.30 am – Local Press arrives at Brighton’s Palace Pier. After several rehearsals along the promenade (the sight of cyclists wobbling and falling off their bikes does not make front-page news, I was told) they took the appropriate photographs and left, straight for the printing-presses.

12.30 pm – most riders have arrived. The all-“nurses” tandem team spotted entering the *Cowdray Arms* at Balcombe.

2.30 pm – the all girl tandem team of Kim and Hilary meet their second setback. Kim, who had courageously endured the first 40 miles, suffered muscle fatigue and the first substitution of the day occurred. Mary, in one of

the back-up cars, put down her cream-egg and took over Kim's seat carrying on to Brighton. Kim quickly recovered at the nearest local.

3.40 pm – Hilary and Mary arrive in Brighton, promptly miss the finishing point and cycle the whole length of the Promenade.

4.00 pm – All riders back except the all "nurses" *walking* team who arrived somewhat later.

6.00 pm – all riders hit for the local real-ale house.

6.15 pm – riders hit real-ale house, pick themselves up, and go in.

7.30 pm – one of the "nurses" seen squeezing biceps of a big bloke at the bar.

7.31 pm – "nurse" rescued.

8.30 pm – riders fall out of pub and head for the centre of Brighton. As everyone knows, Brighton on a cold wintry night in the first week of February is one of the most crowded tourist spots on the South Coast, but despite many weird and wonderful attempts by the two "nurses" to persuade anyone passing by to depart with their monies (or anything else for a fee) only a few coins were deposited in the tins.

12.10 am – lights out. Rumour has it that in the gloomy darkness, amongst the windswept pillars of the Royal Pavilion Gardens, two ghostly figures dressed in nurses uniforms were seen clutching six-packs as they stole away into the night.

Sunday, 6th February.

9.30 am – 15 riders head for London. The rest for the station.

11.30 pm – Both back-up cars arrive at the Cowdray Arms, Balcombe to meet the riders as they come through.

1.30 pm – No sight or sound of any riders. One car heads back along the route to Brighton, the other to Gatwick Roundabout.

4.00 pm – Boland House. Both back-up crews write final entry in the log: "Despite searching the area, no riders were found. It is our sincerest hope that if they are found they are posted back to Boland House, Guy's Hospital promptly (postage and packaging will be refunded)."

Acknowledgements:

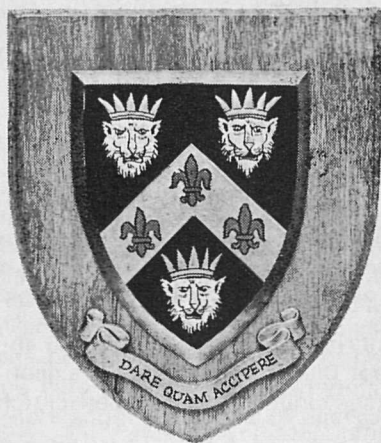
We would like to thank Geoff Ramin, who had the courage to plan this event, Adrian and Peter, who lent their cars, Mary and Jennifer who had the courage to be driven in the cars, all the riders who had the courage to go on the cycle ride to Brighton and back, and last, but not least, the sponsors (Express Dairies, United Dairies) who generously supplied us with soft liquid refreshments.

A special thank-you to Mr. Angus McCleod of The Royal Sussex County Hospital, who had the courage to lend us part of the hospital for the night. *It is hoped that this event for Charities Week will raise approximately £1,000 from sponsorship money.*

Peter Cliffe.



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Allying Fear and Anxiety in Dentistry

by Rod Boggia

Introduction

Despite enormous strides in technique, technology and drugs, fear and anxiety in dentistry still remain a deep-seated problem for many people. Indeed, it could be said that the majority of patients have some underlying fear of dental treatment – some simply cover it up better than others. If our patients' adrenalin level or heart-beat could be monitored between waiting-room and surgery, few would not show some upward change!

Research

A team of doctors, dentists and psychologists recently carried out a survey of patients attending a dental hospital. They found that 48% went only when in pain, although 93% knew that they should visit at least once a year. When asked why they did not attend regularly, the following answers were given:

Fear 41%
Inconvenience 25%
Too lazy 7%
Forgot 6%
Too costly 4%
Didn't know 17%

It is likely that some of these answers were used to mask fear. However, on questioning dentists, they found that only 10% of patients needed extra surgery-time because of fear. The researchers, therefore, concluded that dentists seemed both to under-estimate and to misunderstand fear; few seemed to recognise that patients suffered agonies of anticipation. The same team turned their attention to chairside technique; they found that if dentists explained their work in a calm, unhurried way, patients – even those with a fear of injections and drilling – suffered no great discomfort and lost their phobia. They showed that the control of fear and anxiety was simply a matter of time, technique and drugs. Good dentistry comprises two equally important factors: carrying out our work commensurate with training and ability, and maintaining our patients in a comfortable, relaxed state, i.e. free of fear and anxiety. Carrying out excellent conservation, whilst reducing a patient to a nervous wreck by bad handling would not be good dentistry. Not only could this put patients off routine treatment, but also could take some time to reverse. This is of particular significance in children's dentistry, because a frightened child invariably becomes a nervous adult patient – often with a neglected mouth.

Purpose

The purpose of this article is to outline techniques which have proved successful over the years in maintaining patients in a comfortable and relaxed state of mind for dental treatment. Broadly speaking four areas are involved:

First appearances; first appointment; aids to painless dentistry; removing anxiety – anxietysis.

First Appearances

The general atmosphere in a dental practice should be relaxed and efficient. The waiting room should have some up to date magazines tidied regularly; "have up to date reading material, but don't give patients time to read it" is not a bad maxim for this area. Both reception and waiting room may be decorated effectively with dried flower arrangements, which are expensive, but do last well; the decor may be further improved by a tropical fish tank or similar focus of interest. In the surgery, the addition of a few pot plants and some bright amusing wall or ceiling posters adds an informal touch, whilst the addition of background music, by means of tape or radio, produces a pleasant and friendly atmosphere. It goes without saying that the dental team should be considerate in their handling of patients. When answering the telephone, "Good morning, Mr. Blogg's practice, may I help you", sounds infinitely better than "Surgery" and leaving the rest of the conversation to the patient. When patients report to reception, particularly for the first time, a pleasant "Good Morning" and a chat on something trivial can work wonders and visibly relax. Patients will often confide their apprehension to a member of the staff rather than direct to the dentist; trained staff can, therefore, give a valuable feed-back to the dentist and should be encouraged to do so.

First Appointment

Generally, the first visit should be kept for examination purposes only and treatment, unless urgent, carried out on subsequent visits. This visit gives the opportunity of "breaking the ice", having a chat and taking bitewing x-rays. Apart from their diagnostic value, they have a secondary value on the next visit as a visual aid to show the patient caries, over-hangs, tartar and bone levels. These few minutes involving the patient and explaining the necessary treatment plan are always appreciated and enable rapport to be established prior to active treatment. Where possible, the radiographs are checked in the hygienist's surgery (normally the next appointment after examination), so that the hygienist is brought into the treatment plan and periodontal problems discussed. It cannot be stressed too much, that time spent at the examination and assessment visits not only enhances patient confidence, but also enables the operator to allocate priorities and appropriate treatment sequences. Every patient who leaves the practice in a happy frame of mind, feeling relief and appreciation, enhances both the morale and the job satisfaction of the whole dental team.

Aids to Painless Dentistry

Of all the procedures carried out in dental surgery, the administration of a local analgesic is one of the most common. Since patients naturally dislike injection, it behoves us to make them as painless and gentle as possible. The routine which works well for an infiltration is as follows:

Use a surface analgesic, such as *Xylotox Extra Paste* (Lignocaine 5% + Amethocaine 2%) applied by cotton wool roll, in the sulcus, for one minute.

When removed, the tissue surface appears crenated (the paste is strongly hypertonic) and a needle may be passed painlessly through.

Use fine gauge needles such as 30G; they require more plunger pressure than 27G needles but are well tolerated.

Pre-warm the local to body heat, using either a baby-bottle warmer or a tumbler of warm water.

Inject slowly; it's old advice but it does make a big difference to comfort, particularly in the first twenty seconds. A self-administered local analgesic will confirm this!

Other aids to painless dentistry deserve a special mention: the Panjet, Balsamic 'Azul and benzocaine lozenges.

The panjet is a useful device for producing analgesia in highly keratinized tissue, such as palatal mucosa. A metered dose of local analgesic is fired into the mucosa, causing instantaneous blanching with a small, raised weal. It is well tolerated, and can be supplemented by placing local conventionally into the weal.

Balsamic 'Azul is a multi-purpose varnish spray of Peruvian balsam resin esterized with ethanol, fluorine and azulin delivered through a metered dose valve. It may be used for desensitizing cervically exposed dentine, sealing amalgam cavities to prevent micro-leakage and for protecting vital crown preparations prior to temporary crown cementation.

Benzocaine lozenges have been available for many years but are little used. They relieve much of the distress associated with impression-taking in patients who retch easily. One or two tablets sucked until dissolved normally abolish the "gag" reflex.

Anxiolysis

Anxiety has many causes; some of the factors which may be significant are as follows: Psychological make up; previous experiences (and those of parents); the procedure; the surroundings; the operator and staff.

One or more factors may combine to vary the level of anxiety experienced. Anxiety may be reduced or abolished psychologically, chemically, or by a combination, ie psycho-sedation.

Using the psychological approach, talk as you work – the "background chat". By giving the patient a picture of what you are doing, anxiety is allayed, since the patient knows what is happening, e.g. the change of sensation from high-speed to conventional handpiece. This technique usually defuses "anticipation" and should be considered as basic communication between operator and patient. Not only is this *a/ways* appreciated, but also is the most under-used facility readily available to us. Additionally, the use of a hand mirror to show the patient inside his or her mouth is valuable. Stimulating other senses, for instance, with background music is a valuable adjunct as well as providing a relaxed atmosphere.

Chemical agents will reduce anxiety very rapidly, and in this respect diazepam is a unique and invaluable drug for anxious patients, or where lengthy, complex treatment is envisaged. It is particularly useful for anxious

patients, where fear has led to neglect; diazepam will frequently enable all the treatment to be completed in one or two visits and, confidence gained, to have routine care under normal local analgesia.

Given intravenously (the oral route is clumsy and inefficient) diazepam produces:

An immediate reduction of anxiety; i.e. it is a potent anxiolytic. A higher reaction threshold. Marked relaxation with a dose titrated against patient responses ie, drowsiness, speech-slurring and ptosis. Ptosis (upper eyelid droop) is known as Verrill's sign and adult dosage falls in the 5–20 mgm range. Useful amnesia, so that the administration of local analgesic is generally forgotten, and lengthy appointments appear short and relaxing.

Diazepam used alone has an excellent safety record (although it is a powerful potentiator of other drugs, e.g. alcohol, fortal). In correct dosage, verbal contact is maintained and the patient remains conscious, co-operative and relaxed.

There can be few more satisfying experiences in dentistry than transforming an apprehensive, nervous patient into one who is happy and relaxed, with no fear of returning. Knowing that we have a patient rather than just a tooth on the end of our bur should enable us to treat, fully, that half of the population that normally seeks emergency treatment only.

Physiotherapy

One is accustomed to seeing lists on the students' notice-board asking for names to be added by would-be lacrosse, hockey, netball etc. players. Occasionally, the awesome Ball Committee Chairman, in a different vein, demands the collaboration of cake-makers, savoury cooks and pudding manufacturers. It is, however, comparatively unusual to find a team-list of rugby players, thereupon, even in these sexually equal days.

The first year students have evidently been enthused by the success of their seven-a-side exploits last October and have responded to a challenge to field a full fifteen for a Nut Week event. Basking in the glory of Mr. Lewis' reference to their beauty, flushed with enthusiasm, bosoms swollen with pride at their coverage in the *Gazette* and not a whit abashed by the uncoverage to which that coverage alluded – the girls are preparing to put their best features forward in the sake of whatever it is they are doing it for. Lest there might be misunderstanding, it should be made clear that it is not deemed obligatory for an applicant to the School to have her 1st XV colours, or for her to be able to ruck and maul, or, even, for her to demonstrate ball-handling skills. It may be that there is a detectable rugby-playing strain amongst the male candidates, but it remains more likely that a girl will be asked about her skill with needles than with scissors.

What seems so odd is that, over the past two or three decades, physiotherapists have been trying to lose their hearty, muscle busting, jolly-hockey-sticks image and trying to build up an interesting, intellectual, aesthetic alternative. All right, a sturdy intellectual, if you insist, but neither a thick-o designation on the one hand, nor being regarded as effete and excessively genteel on the other.

This new found interest in playing rather than just watching a game associated with the public-school ethos, better suited to the Amazon than to the upper reaches of the Thames, tending towards the Hooray-Henrietta — does it form a part of the nostalgia which leads back to cocktails and shingled hair styles and an affectionate backward look at, supposedly, less troubled times? Is it all of a piece with the re-run King and Country debate at the Oxford Union?

Maybe, maybe not. More probably, it seems like good fun and provides an opportunity to carry the game to the young men. And, as probably again, it reflects the altruistic streak which we are fortunate to find in so many youngsters in hospital life and which finds such ready expression in fund-raising activities for a variety of good causes. So, bind tight, my ladies and push hard, keep your eye on the ball, probe the opposition and exploit their weaknesses.

Ronald Cooper.

Book Reviews

"Inequalities in Health: the Black Report", by P. Townsend and N. Davidson. Pp. 240. Price £2.50. Published by Penguin.

This publication is an attempt to bring the Report of the Working Group on Inequalities in Health (the "Black Report") to a wider audience, and it contains lessons for those who try to suppress a report because they do not like its findings.

The Working Group was appointed in April 1977 by the then Secretary of State for Social Services in the Labour Government, Mr. David Ennals, with the task of reviewing information about differences in health status between the social classes, considering possible causes and the implications for policy, and suggesting further research. The Group consisted of Sir Douglas Black (Chairman), formerly Chief Scientist at the DHSS and President of the Royal College of Physicians; Professor J. N. Morris, Professor of Community Health at the London School of Hygiene and Tropical Medicine; Dr. Cyril Smith, Secretary of the

Social Science Research Council; and Professor Peter Townsend, Professor of Sociology at the University of Essex.

The Report was submitted to the Secretary of State in April 1980, but there had since been a change of Government and the new Secretary of State, Mr. Patrick Jenkin virtually dismissed the Report and its recommendations. Instead of it being properly printed and published, only 260 duplicated copies of the typescript were made publicly available in the week of the August Bank Holiday, and even the major organisations within the NHS did not receive a copy.

However, this cavalier action backfired. Outraged comments appeared in the medical press, and over the ensuing months interest in the manner of appearance of the Report as well as its substance increased substantially. Trade unions published summaries of the Report for their members, meetings were held to discuss its findings, and exceptional efforts were made by bodies connected with the health and

welfare services to bring the evidence to a wider audience. Finally, a House of Commons debate on the Report was arranged for autumn 1981.

Why such a reaction to the Report? Inequalities in health represent one of the biggest possible challenges to the conduct of government policy. Despite more than thirty years of a National Health Service expressly committed to offering equal care for all, there remains a marked class gradient in standards of health. Indeed, in certain respects this gradient has been becoming more marked, and the UK seems to be relatively worse off than a number of comparable countries.

However, the Report argues that much of the problem lies outside the scope of the National Health Service as it is now constituted. Social and economic factors like income, work (or lack of it), environment, education, housing, transport, and so on, all affect health and favour the better-off. Yet they have largely remained outside the ambit of national health policy. The Report therefore provides a number of policy recommendations with two broad thrusts;

- (1) a total, and not merely a service-orientated, approach to the problems of health
- (2) a radical overhaul of the balance of activity and proportionate distribution of resources within the health and associated services.

The Pelican Edition of the Report is a slightly slimmed-down version of the original. Some statistical and technical details have been cut, but a large body of information remains, and the book is in identical form to the Report which was submitted to the Secretary of State, but about two-thirds its length. The Introduction to this version also describes and discusses reactions to the publication of the Report after August 1980, and tries to explain how major developments of social and economic structure and policy during 1980 and 1981 might affect the arguments of the Report.

The Report itself begins with a discussion that provides the conceptual basis for a consideration of health and inequality. The pattern of present health inequalities, trends over time, and an international comparison, are then presented, and an attempt is made towards an explanation of the observed inequalities. The need for more research and information is then con-

sidered, and the final sections are concerned with suggesting policies that could begin to redress some of the inequalities in health.

This book is mandatory reading for anyone concerned with the health of our nation, and it cannot be recommended too highly as a guideline for health policy discussions. There may be debates and arguments about the specific details of its policies and recommendations, but the broad thrust of the report cannot be disputed. All we need is an enlightened Government that would take up the challenge.

DAVID ST. GEORGE,
Epidemiologist,

Unit for the Study of Health Policy

"Long-term Prescribing". Edited by Eric Wilkes. 1st Edition. Pp. 269. Price: £10.00. Covers: Soft. Published by Faber and Faber.

This book comprises a series of essays mainly concerned with the drug management of chronic disease, although advice is also given on the treatment of some acute conditions, such as asthma and heart attacks. This is not, however, a conventional text on therapeutics since the coverage of topics is not comprehensive and the approach is often idiosyncratic. There is, for example, an eleven page chapter on hormone replacement therapy (limited to the treatment of post-menopausal symptoms), whilst drug interactions are covered (from a largely mechanistic point of view) in eight pages, and dermatological therapeutics in five. Similarly there is much variation in the format of the chapters: some essays are fully referenced, others have none; some have a formal arrangement under headings for each drug or problem, others have case history discussions, or mainly consist of *ex cathedra* statements. As might be expected, this freedom has resulted (as in clinical practice) in contradictions between authors' recommendations, e.g. in the treatment of the elderly hypertensive, or the use of nebulisers in asthma.

Clearly this book is for postgraduates and the overall impression is that the intended audience is the general practitioner or trainee, although the inclusion of a chapter on cancer chemotherapy with a mainly institutional bias would appear to contradict this aim. However, although the editor is Professor of Community Care and General

Practice, only two of the authors are general practitioners (and academic ones at that!) and the rest are hospital-based consultants. It is primarily a clinical pharmacologist.

Despite this lack of uniformity, the book contains some first-rate essays which could be read with profit by many, both outside and inside general practice. I was particularly impressed by the succinct summary of the management of ischaemic heart disease by Hampton, and the chapter by Twyenoss on symptom control in terminal cancer. Most of our candidates in this year's final MB paper on therapeutics would have benefited from reading Ramsay's essay on the treatment of hypertension, which provides a simple framework for everyday practice and considers most of the difficult management problems. As always, updating a book on drugs provides problems and although as current as could be expected, drugs such as nifedipine, captopril, ranitidine and piroxicam are given less attention than is their due. The index is satisfactory, but the pagination of the table of contents is defective.

In summary, this book has a misleading title but contains several excellent essays. It ultimately fails to fulfil completely its unstated aim of providing a guide to the management of chronic drug therapy, perhaps because of less than strict editorial control. If the standard of the best chapters could have been maintained, it would have made obligatory reading for all postgraduates who wish to use drugs to treat chronic illness, particularly outside hospital. As it stands, it is a book to be dipped into (with profit) by the discerning.

HOWARD ROGERS,
Reader in Clinical Pharmacology

"Legal Aspects of Medical Practice", by B. Knight. 3rd Edition. Pp. 302. Price £6.95. Cover: Soft. Published by Churchill Livingstone.

This book by the Professor of Forensic Pathology at the Welsh National School of Medicine, who is also a Home Office Pathologist, begins by considering ethics including an English translation of the hippocratic oath, so often quoted but, in fact, taken by only a few modern graduands. Other topics of general interest include the role of the G.M.C., negligence and industrial compensation. There follows a section concerned with the law courts and the rôle of

the coroner (and his Scottish counterpart the procurator fiscal), and the issuing of death certificates. The main part of the book deals with such classical medico-legal topics as sudden death, accidental and violent wounding, sexual offences, abortion, *battered children and drinking drivers*. The last two chapters relate to drugs and mental disorders.

As its title implies this book is primarily concerned with medico-legal issues. It does this in a brief and informative way with simple diagrams and it is easily read. It also explains some relevant differences between English, Scottish and Irish law. It covers the essentials needed by doctors and other health workers for their basic curricula. However it is inevitable that in a work as basic as this, the author has been able to pay little more than lip service to the epidemiological, psychological and social issues underlying the problems described.

J. A. D. ANDERSON,
Professor,
Community Medicine

"Neurology for Physiotherapists", edited by Patricia Downie. 3rd Edition. Pp. 464. Price £6.25. Published by Faber & Faber.

First published in 1974, this book goes into its third edition with Patricia Downie, the series editor, at the helm for the first time. Since the second edition showed ten changes of contributor from the first, and this one introduced a further eight, one should not complain of sameness in the successive editions. Nevertheless, apart from a clearer type-face, a re-cutting of photographs and a much better juxtaposition of text and illustration, there is much that is a minimally modified repeat of the earlier book. Not that this is necessarily bad, for there was much to praise in that one, and substantial parts of a thriving baby remain in bathwater which is generally the better for its change.

Since the book will be much read by student physiotherapists preparing for an exam which includes an in-depth study intended to promote their use of an indexed bibliography, it is a pity that all the contributors did not follow the example of the writer on Applied Psychology. He does support his assertions with references, unlike the others who roused my examiner's instincts to pencil "why?" and "who said so?" in the margins rather too frequently.

Again, in view of its main readership, it is a pity to use complicated words like anosognosia and ontogenetic without defining them, and to refer to a Wassermann reaction and a negative VDRL without explaining their significance. A glossary is included for the first time – should it not be enlarged? It could be argued that anyone can use a medical dictionary, but, if so, why add the glossary in the first place?

The illustrations are as excellent as one has come to expect in this series, so it was a surprise to find a radiograph captioned as a fracture-dislocation of T1 on L2, and a sensory chart recording “apparent” information. The Parkinsonism photograph is all but impenetrable in its gloom, but fortunately it is an exception.

A few favourite misprints have gone – one had got used to a cell having a membrane – but others have held their place. *Filium terminale* (the last son?), *interosseus*, *Trendelenburg* – small, but irritating. More jarring are the slack grammar producing incomprehensible expressions, the verb-less sentences which mar one chapter, and the references to recent research (dated 1973), to Physical Medicine departments and their consultants, and to the pre-tranny wireless. The accolade, however, goes to the chapter beginning: “In the ever-changing field . . .” which goes on, itself unchanged, for 3½ pages before the first modification appears.

Small points, minor criticisms — for the greater part this remains a good and useful textbook, and as such it deserves an even more careful revision next time.

R. J. COOPER,
Principal,
School of Physiotherapy

“Notebook of Medical Physiology: Renal and Body Fluids” by R. W. Hawker. Pp. 190. Price £4.95. Published by Churchill Livingstone.

This is a revision text primarily aimed at postgraduate students undertaking the F.R.C.S., M.R.C.P. and comparable professional examinations and only secondarily aimed at medical students. The preface to this small book goes on to state *“The style is unique and will not please everyone: it is deliberately cryptic and concise and attempts to compress large areas of physiology into readily assimilable*

facts and concepts with a minimum of description”. That says it all, except that also included are MCQ and some references, both to recent and to classical papers.

It is possible that many readers will take just as long working through the very concentrated text and flow diagrams as they would reading a more conventional style of book and with, perhaps, less likelihood of getting “mental indigestion”. There are nearly 90 abbreviations used, many of them are peculiar to this book, and a dozen symbols, most of which are widely used. There is an index of these abbreviations and symbols near the end of the book, which is not easily and rapidly accessible.

This book is for you, if you –
like turgid text
are studying for the F.R.C.S., M.R.C.P.
etc.
like prolonged periods of mental
concentration
want figures as well as facts
want up-to-date renal physiology
are not well-off

I. MacDONALD,
Professor of Physiology

“A Baby in the Family”, by James and Joyce Robertson, 2nd edition. Pp. 127. Price £2.95. Published by Penguin.

This is the story of the first year of a baby's life following the development of the early relationships that are so crucial to the baby's future.

The book is very easy to read with appropriate photographs on every page which illustrate beautifully the baby's reaction to his environment and how he becomes part of the family as well as showing the parents reactions to their baby. It is not a book about milestones of development or child-care, it is about bonding, attachment and communication, and emphasises the importance of early relationships.

It would make a lovely present for parents-to-be especially first-time parents but it would be useful for anyone who is involved in child-care because it shows the emotional needs of babies.

F. JONES,
Midwife, Dept. Obstetrics

"Doctors and Management Skills" by Frada Eskin. Pp. 78. Price £6.95. Published by M.C.B.

This interesting little book would have been more useful had someone wielded a more vigorous editorial pen. Statements are too often repeated, some terms are defined more than once, some are not defined at all. I suspect that the author has put together a series of lectures – but that does not make a book.

The purpose is to help doctors face the challenges of management and of teamwork and to acquire the necessary knowledge and interpersonal skills. The difficulties of working in the District Management Team, the task of a chairman, the workings of committees, are discussed and analysed. In each case the discussion gains in relevance by a continual referral back to similar situations in clinical work. A few statements I find difficult to accept. Chairmanship is not only concerned with process; it is also concerned with getting a task done. A deeper analysis of the special problems of the GP member of the DMT would be helpful. Unlike his hospital colleague, he has no constituency to refer back to and no identifiable sense of a common commitment. Not only is he less likely to have the required knowledge and experience to make a full contribution, he may even be less emotionally committed to organisation and to policy formation and to order, than is his consultant colleague.

However I learnt a great deal. This book is a good buy. Cut it by a quarter, eliminate repetition and it would be an excellent buy.

P. M. HIGGINS.
Professor of General Practice

"The Economics of Outpatient Clinic Location", by J. G. Cullis, S. Heasell, S. Weller. Pp. 207. Price £14.50. Published by Gower.

This is an assessment of cost benefit and cost effectiveness analyses in relation to paediatrics clinics and their central or peripheral siting. The authors first review the British scene and, in particular, the policy statements on the National Health Service and various studies conducted in the field, published between 1961 and 1978. The bulk of the book consists of a consideration of economic factors and the rôle of the economist in the evaluation of clinics; the authors draw substantially on parallel

studies conducted in a teaching and a non-teaching District (Oxford and Bath respectively). The main conclusion appears to be that, at least in respect of the Districts studied, there is economic merit in holding some clinics in the central hospital out-patients and some at peripheral hospital sites. Cynics will say that this conclusion endorses "Halls' Law", said by the authors to have been expounded by a staff member of the Massachusetts Institute of Technology and quoted as: "all survey questions about economic motivation elicit stupid answers". However, those genuinely interested in health economics should find this work a useful source of information, particularly in respect of its bibliography.

J. A. D. ANDERSON,
Professor of Community Medicine

"Gynaecology in Nursing Practice" by M. A. Shorthouse and M. G. Brush. Pp. 246. Price £7.50. Published by Ballière Tindall.

I am delighted to have been asked to review this book for very personal reasons, the secrets of which I am happy to reveal. For it was on Miss (then Sister) Shorthouse's ward in 1960, that I met my wife to be, Eileen, in the sluice, she being a third year nurse! At the time, I was doing the obstetric firm, so there is no reason for Miss Shorthouse to even recall my presence unless I can possibly jog her memory with one incident, in which she tore me off an enormous strip for daring to act as a bookies runner for a very keen horseracing follower from Dorset who was about to go to theatre for a tubal ligation, but who unbeknown to me had been settled down following her pre-med. To *disturb* a patient after the pre-med had been given was tantamount to committing *hari kari*, so it was hardly surprising I took a few days off after that incident!!

The book? Oh yes, I apologise I got carried away! It is excellent – a must for any gynaecological ward, so that in their rare moment of peace and quiet, on duty nurses may dip into it with advantage to both themselves and their patients.

T. COLTART,
Director,
Department of Obstetrics

Correspondence

Mr. V. Bennett

Dear Sirs,

Many Guy's men and women, both medical and dental, will be surprised to learn that Mr. V. Bennett of the Physiology Department will be retiring in April. Mr. Bennett has helped students and staff alike for over 40 years, and will be remembered for the efficient way in which practical classes were prepared.

If anyone wishes to make a contribution towards the presentation to be made on his retirement, I should be pleased if cheques were made payable to Dr. C. Wolff, of this department.

Yours faithfully,

I. MACDONALD

Department of Physiology,
Guy's Hospital,
London SE1 9RT

Snipes and Ladders

Dear Sirs,

I shall not be renewing my subscription to the *Gazette* after my present one has run out.

This is no reflection on the quality of the *Gazette*, but one eventually tires of reading about one's contemporaries gradually rising up the ladder, only to eventually fall off the top into the obituary column; then one also notices that sometimes their age is unhealthily close to one's own.

My youngest son, having failed to reach the rarified academic standard at Guy's has got himself into another teaching hospital, which shall be nameless, so I will have to change my team.

Over the years, I have occasionally been stimulated to write to the *Gazette*, but never have. For instance you once featured a history of the Hockey Club. I was a member in 1946+ era when we won the Hospitals Cup, but not, I hasten to add, due to my efforts because I was Captain of the 3rd team in the season in which it never won a match. The reason I was Captain was that, in a team consisting entirely of ex-servicemen, I was the only teetotaler, and considered trustworthy with the train money.

At Orpington Hospital, I was the last House Physician to Dr. H. St. H. Vertue (Daddie Vertue), Greek Scholar and Guy's Physician. He once said to me, I quote: "*That's right my boy use the new drugs while they still work*" that has proved so true during my time in general practice and is a comment certain to take the wind out of the sails of any pressing drug rep.

With best wishes for the future of the *Gazette*.

Yours sincerely,

MARTIN TYRELL

Burwood
Burlings Lane
Knockhold
Sevenoaks, Kent

Sport

INTRODUCTION

Coming up for air for the weekend from submersion in Dartford (*not* Deptford, please note), I find that the Belly-Butting contest has left its arena and entered these columns, where it rages furiously. One hopes that Dr. Powlson will make time to leave his Garden of Eden to do battle with Thug (who, by coincidence it seems, is also in Dartford; I must search out his training ground and report back on his activities).

Our commiserations go to the Rugby Club following their narrow defeat by the London and exit from the U.H. Cup. But I am sure they will be impressed to know that news of their fixtures filters as far across the globe as China, where a recently returned elective student proudly noticed a victorious result in a local rag!

With the lure of money aggravating world conflicts in sport, it is to be hoped that Guy's sports men and women travell-

ing abroad, as our final year students on elective do, are able to assist in the search for a true brotherhood of sport, contested without regard to politics, by their participation in such events. News of sport abroad, particularly from those students, would be most interesting.

I hasten to add, however, that Guy's travellers should desist, for the time being, from carrying our belly-butting contest to other shores. A sport so young needs protection from the greedy hands of entrepreneurs, and anyway the locals might not perceive the friendliness with which it is palyed, and take offence.

M.B.

RUGBY **Hospitals' Cup 1st Round** **King's College Hospital O** **Guy's Hospital 3**

Tuesday, 11th January, at Herne Hill Stadium, saw Guy's commence their challenge in this year's Hospitals' Cup against King's College. Unlike in previous years, the Guy's team – the undergraduate 'A' 1st XV – fielded an almost 'Club' side bolstered by additions of Owen and Cameron.

Conditions for the game superficially looked good though in fact the pitch was soft underfoot and the wind was erratic – a highly significant factor in the eventual result. The Guy's pack exerted their dominance on the play right from the kick-off, especially in the line-outs where Rainer and Roberts found major height advantages and inaudible signals – thanks crowd. Scrummaging proved to be much more difficult against the tight King's pack, though Lloyd and MacHaig spoiled any possession they obtained. The only score came after twenty minutes, when Hackett converted a penalty.

The second half continued the stalemate of the first half, with Owen and Jones keeping the play in the King's half. The drama of the match occurred in the last minute when for reasons only known to himself, the referee decided to award a penalty to King's twenty-five metres from Guy's posts. With four previous "misses" behind him, the King's fly-half's attempted equaliser fell short against the wind, into Poole's arms.

N. Roberts

Team:

G. Parry, E. Rose, P. Taylor, A. Cameron, N. Roberts, G. MacHaig, D. Lloyd, S. Rainer, N. Poole, G. Owen, A. Jones, T. Bryant, M. Hackett, R. Docker, P. Reynolds.

ASSOCIATION FOOTBALL **1st XI**

The 1st XI is having a poor season. Relegated at the end of last season, we have nevertheless found ourselves playing far superior sides owing to the League reorganisation which brings reserve sides from the larger colleges into competition with 1st XIs.

Victories (one, in fact) have been hard to come by. And, as Old Boys will well recognise, the weaker teams have been made to look competent during extended lapses of concentration (sleep?).

Paul Taylor in attack has looked the most likely to score consistently, whilst Nav Masani is finding his form and even learning to pass the ball. Mark Allington always plays sturdily at left back, and Gavin Shannon on the opposite side is our offering in obedience to the race laws. Andy Jones is still upsetting as many team-mates as ever with verbal abuse (indeed, he was recently sent off for just that). Chris Pocock, willingly deputising in goal despite the pressure forced upon him by the performance of the other ten, has trouble seeing a ball more than 2 yards away, but close-up (if time permits!) has made some excellent saves.

Although now in a relegation position, there are five games remaining, so better news may yet be on its way.

M.B.

Announcement

The Guy's A.F.C. A.G.M. will be held this year as usual towards the end of May. Any Old Boy interested in attending this (or the annual Past vs Present match in September) please contact the Club via Boland House giving an address at which he may be contacted at a later date.

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KIDNER—Charles Henry, F.D.S., passed away on October 12th. 88 years old. Trained at Guy's 1913-1917.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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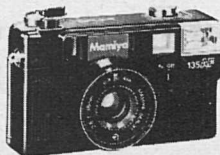
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Amid the frantic preparations for the M.B. examinations in June, the final-year students find themselves skating perilously close to the brink of their medical career. Certainly, most of these students have grasped the significance of their "launch" in terms of life-style, responsibility and financial status, but many remain unsure of both their own potential and the capacity of the National Health Service to absorb their ambitions and varied talents. It is difficult for a student to argue that career advice is unobtainable, in the light of the information that is willingly disseminated at both the Guy's Career Week and the B.M.A.'s Career Fair. What is disquieting, however, is that much of this information is negative and pessimistic, with many a hopeful student being left with their dream of a hospital career shattered, or at best undermined, some three months before the "finals" hurdle.

The currently expounded wisdom of actively discouraging the student from opting for a career in physical medicine, surgery, cardiology and gastro-enterology, plus a host of other specialities, parades like a spectre before the troubled neophyte. Furthermore, the tendency for G.P. interview boards to favour those who apply for training programmes immediately after completion of the pre-registration year compounds the pressure and anxiety. Whilst this feature of the G.P. career structure is laudable from many points of view, the paucity of hospital-based alternatives will certainly introduce a great deal of disillusionment amongst those whose ambitions, and in many cases capabilities, would have led them to a hospital career.

Some of the students have responded to the narrowed vista of opportunity by reconciling themselves to a career in general practice or one of the less favoured specialities, irrespective of their previously held aspirations. Many of the former group have wisely placed a greater emphasis of obtaining house-appointments in the provinces, believing that direct contact with the local G.P.'s speaks volumes more for their chances than a tacitly worded teaching-hospital reference. One may even speculate that, in complete contrast to the situation of 1982, wherein twenty-three final-year Guy's students failed to be allocated to a Guy's-linked appointment, 1983 and subsequent years may see a shortfall of *applicants* for available places, in view of many having arranged their house-jobs privately. Undoubtedly, teaching-hospital appointments remain an essential prerequisite for a hospital-based career for those whose stamina and academic self-confidence convince them they should not compromise their ambitions.

The apparent answers to these problems appear to have metamorphosed into hollow rhetorical questions: "Are we producing too many medical graduates?"; "Will the Government expand the N.H.S. to relieve the bottle-neck at all levels?" – small comfort indeed to our present young graduates and students. The time has come for bodies such as the B.M.A., the D.H.S.S. and the Department of Education and Science to arouse

themselves from slumber in order to explore an appropriate treatment for the malady. The investment of the taxpayer's money, and the time and efforts of hundreds of young doctors and students are presently met with the combination of masterly inactivity and the demeanour of the disinterested *croupier* – the career gambling goes on; some win, some lose, but the stakes are far too high.

A new solution

Super glue may be the most embarrassing technological threat known to late 20th century man. But now it has been effectively combatted by Hermetite's new Super Glue Remover. The tenacious new breed of adhesives has, in the course of setting new standards of stickability, set unparalleled standards of human bondage because of the general public's search for a sticky panacea.

A recent Department of Trade-sponsored home accident survey shows that people have devised endless ways of ending up with their fingers stuck together, from the obvious one like picking up a leaking tube of super-glue, to the man who managed it while trying to repair a snooker cue. People are also capable of getting themselves stuck to a variety of household objects, from the young girl who stuck a towel to her lips, through the man who couldn't get off the phone, to the elderly lady who accidentally stuck a shoe to her hand and the sporting enthusiast who somehow managed to stick an arrow to his leg while trying to stick an arrow-head on a crossbow bolt. As well as even literally bringing people together, super glue has led to a man being stuck to London's Vauxhall Bridge by a gang of vandals, and it has necessitated the demolition of a public toilet in Crewkerne, Somerset, to free the occupant from the toilet seat.

The development of Hermetite Super Glue Remover will, hopefully, eliminate once and for all the ever-present threat of becoming too attached to your surroundings. The advantage of Hermetite's new formula is that their version of super glue solvent, unlike others available in the UK, comes in gel, not liquid form. The solvent will put an end to sticky situations caused by all known brands of super glue used on skin, metal, glass, ceramics, rubber, and most plastics, and it can be applied less messily than a liquid solvent to badly aligned, curved surfaces of glued people and household objects which need to be unstuck or re-stuck. In recognition of increasingly sticky situations, Hermetite Products Ltd. are selling their new Super Glue Remover separately from the glue itself, to make it the latest addition to the medicine cupboard at home, school, office and factory – and a must for the Accident and Emergency Department!

Copy for the Gazette

Contributions are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Communications Symposium

The Lambeth and Southwark Division of the B.M.A. is organising a symposium, entitled "Communications", to be held in the Robens Suite, Guy's Tower, on Saturday, April 9th. The meeting begins with coffee at 9.00 a.m. The symposium has been organised by Professor Ian McColl, and Major-General Kirby will chair the meeting. At noon, the A.G.M. of the Division will take place.

Lambeth and Southwark Division Dinner

The Lambeth and Southwark Division of the B.M.A. is to hold its annual dinner on Tuesday, 10th May, at 8.00 p.m. The venue for the occasion is the Carlton Club, 69 St. James' Street, W1, and the guest speaker will be Dennis Burkitt, F.R.C.S. As a result of sponsorship, tickets are available at the advantageous price of £10 per head for doctors and their guests, and £5 per head for students. These are available from: Dr. E. M. Rosser, The Medical Centre, 6 Drummond Road, Bermondsey, SE16.

College Computer Fellow for General Practice

In September 1982, the Royal College of General Practitioners decided to appoint a new Fellow to be solely concerned with all aspects of computers in general practice. The successful candidate will be appointed on 25th March at the R.C.G.P. At the R.C.G.P.'s request, I.C.I. Pharmaceuticals have agreed to sponsor this important new post. To acknowledge this support, the successful applicant will be called the I.C.I. Computer Fellow.

The Royal College sees computers as an increasingly important factor in general practice and receives constant requests for information and assistance on this subject from doctors. The new Fellow will now keep doctors up-dated on computers through a series of regional College meetings and seminars. A special secretariat will be set up to support him in his work and ensure his accessibility to all general practitioners. For further information please contact: Professor M. Drury, O.B.E., F.R.C.G.P. on 021-472-1301, Ext. 3618, or Fiona Brown for I.C.I. Pharmaceuticals on 01-586-5358.

Physiotherapy Charity Ball

The Guy's Hospital Physiotherapy Charity Ball is to be held on 7th May at the Hurlingham Club, London, SW6; the proceeds will be donated to Action Research for the Crippled Child and the Stoke Mandeville Spinal Unit. All those who wish to attend should contact Miss Jane Scantlebury, The School of Physiotherapy, Shepherd's House, Guy's Hospital, London, SE1 9RT.

Rugby Club Ball, 1983.

The annual Rugby Club Ball is to be held on Thursday, 5th May, at Glaziers' Hall, London Bridge; 7.00 for 7.30 p.m.; dress – black tie. Tickets at £25 (which includes a bottle of wine) are available from: Paul Häggqvist, Boland House, Guy's Hospital, London SE1 9RT.

Panel of Translators

The Wills Library maintains a list of staff and students who have a certain degree of proficiency in a foreign language and who would be willing to interpret for patients or undertake short informal translations of letters or papers. This list is now being updated, and if any of our readers would like to have their names included on it, the Library should be very pleased to hear from them. Last year, the Wills Library received several requests for interpreters in Bangladesh; unfortunately, they have nobody on their list who speaks this language, so if there are any students or members of staff who do, and who are willing to interpret for patients from this country, would they please contact the Librarian.

Guy's Music Club: Lunchtime Concerts

It was a rare privilege to have at Guy's an exuberant rising young pianist, Alison Baker, who gave a lunchtime recital on Tuesday, 15th February. Her interpretation of Beethoven's Pathétique Sonata Op. 13 was a very moving one. She continued to display her superb technique by tackling the Liszt Rhapsody No. 13 in A minor, despite sub-zero temperatures in the chapel. She concluded by giving a lyrical rendering of Chopin's Ballade No. 4 in F minor, which aptly contrasted with the previous works.

The concert was very well attended and greatly appreciated by all, and we all wish Alison the best in her future career.

DATES FROM THE MEDICAL DIARY

March

- Thur. 31—Entries close for the M.B. B.S. Examination in June.
—Entries close for the Beane Prize in Histopathology.

April

- Fr. 1—Good Friday Bank Holidays.
Mon. 4—Easter Monday
Wed. 6—Examination for the Beane Prize in Histopathology begins.
Fr. 8—Entries close for the Golding Bird Medal and Prize in Bacteriology.
Wed. 13—Examination for the Golding Bird Medal and Prize in Bacteriology begins.
Fri. 15—Entries close for the Leonard Lubbock Prize in Chemical Pathology.
Mon. 18—Entries close for the M.B. B.Chir. (Cambridge) examinations in June.
Wed. 20—Examination for the Leonard Lubbock Prize begins.
Fr. 22—Entries close for the Hopkins Prizes in Anaesthetics.
Mon. 25—SUMMER TERM BEGINS.
Wed. 27—Examination for the Hopkins Prizes in Anaesthetics begins.

May

- Mon. 2—Bank Holiday.

DATES FROM THE DENTAL DIARY

March

- Fri. 25—SPRING TERM ENDS.
Mon. 28—Applications close for the Final L.D.S. Examination, Parts I and III.
Thurs. 31—Applications for the Second B.D.S. (June) Examination (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

April

- Fr. 1—GOOD FRIDAY.
Mon. 4—EASTER MONDAY.
Tues. 5—Final L.D.S. Examination, Part II (Dental Prosthetics) begins.
Tues. 5—Applications close for the First L.D.S. Examination.
Fr. 15—Applications close for the Third B.D.S. Examination, Parts I, II, III, IV and V.
Fr. 22—Entries close for Hopkins Prizes in Anaesthetics (open to all Medical and Dental Students).
Mon. 25—SUMMER TERM BEGINS.
Wed. 27—Examination for Hopkins Prizes begins.
Fr. 29—Applications close for the Second B.D.S. (June) Examination.

May

- Mon. 2—BANK HOLIDAY.



Robert John Cann, M.B., M.S., F.R.C.S.

The news of the death of Bobby Cann on 17th February came as a particular shock to his very many friends, not least because until that moment he had seemed, at 82, in his usual robust health. Although he retired from the clinical staff seventeen years ago, his stocky figure with its mane of white hair was to be seen often about the Hospital and School and must have been familiar to many Guy's people unable to identify him.

He joined as a medical student in 1918 and his close connection with his beloved Guy's continued uninterrupted until the end. Six days after he died, he was due at a meeting of the Special Trustees. He might have claimed that this entitled him to have been associated continuously with Guy's for 65 years, which equals what until then must have been the record set up by his great teacher and one-time colleague in the Ear, Nose and Throat Department, W. M. Mollison.

Bobby had started his career in E.N.T. when he had been appointed Clinical Assistant and Registrar to the E.N.T. Department in 1926, two years after qualifying. The Department was then in the charge of those two great pioneers, Mollison and T. B. Layton, and Bobby could not have wished for finer teachers. "Tubby" Layton insisted on constant reference to the basic

principles of general surgery which he frequently and loudly enunciated, whereas "Mollie", in Bobby's words, added the "finesse and polish".

In 1930, thus prepared, he presented himself for the London M.S., and satisfied the examiners well enough to be awarded the University Gold Medal, but there was no prospect of early promotion and it was 1934 before he gained a position on the Senior Staff. In that year, a new post – Assistant E.N.T. Surgeon – was created and no one was surprised when R. J. Cann was appointed. At the same time, he succeeded in his application to the L.C.C. to become Otologist to the London Fever Hospitals.

The war years saw the dispersal of the Hospital and School into the Sector, as the scattered locations throughout the Kent countryside were jointly designated, and, in effect, the E.N.T. Department at Guy's, like many others, ceased to exist. It was not until 1947, with the retirement of T. B. Layton and the appointment of Philip Reading, that Bobby assumed full charge of the Department and began the uphill struggle to rebuild a fully functioning unit on the sadly scarred Guy's site. It took many years to complete.

The students he taught during the twenty post-war years, before he retired, and the house-surgeons and registrars who worked with him and learned from him will not easily forget his characteristic kindness, sympathy, concern and courtesy not only towards them, but, particularly surely, towards the patients. Indeed it is probable that this attitude towards the patients, always at the heart of the Guy's tradition and passed on by example, will seem the chief memorial to his clinical work. His students and juniors will remember too the catholic point of view from which he invariably regarded his special subject, describing it often as "one-third surgery, one-third medicine and one-third psychiatry". He always encouraged them to bear in mind the problems of the G.P. referring the case, counting many G.P.'s among his close friends, and to remember the difference between the functions and facilities of the district hospitals and those of the Teaching Hospital. Over the years, he attended several hospitals on the outskirts of London and greatly valued these connections.

In 1949, the Royal College of Surgeons of England created him a Fellow, *honoris causa* and, in 1953, elected him to the Court of Examiners. In 1957, he was chosen President of the Section of Laryngology of the Royal Society of Medicine and, shortly afterwards, President of the Visiting Association of Throat and Ear Surgeons of Great Britain.

However, there was to be another field in which he was to labour untiringly and which was to bind him to the Medical School particularly for a further fourteen years. His deep interest in everything and everybody at Guy's and his wisdom and impartiality led his colleagues to appoint him, in 1961, Chairman of the Medical Committee and of the School's Academic Board. Thereafter, he became increasingly immersed in the politics and administration of both institutions and, in 1966 and 1967, undertook the duties of Acting Hospital Superintendent. These were the years during which the final details of the Tower were being planned and his responsibilities were onerous. He was then in his 67th year. Nevertheless, without a break, he agreed to assume the Chairmanship of the School's Council of governors and

continued to discharge these important responsibilities until 1974. With the reorganization of the Health Service at that time, resulting in the loss to Guy's of its Board of Governors, Bobby agreed to step down from the School Chairmanship so as to enable the School to offer this office to Lord Robens who had served the Hospital so well as Chairman of the Governors. He accepted on condition that his predecessor should remain as vice-chairman and Bobby continued to serve the Medical School in this capacity until 1980.

In 1929, Bobby married Gwendoline Chambers who, it must be said, always called him John. She was a capable artist and, for example, modelled the head of her husband which we reproduce here.

Some six years ago, they moved down to the village of South Petherton in Somerset to be near their three children and seven grandchildren. A number of Guy's men and women, who may not have known R. J. Cann, will remember Gillian, their elder daughter who qualified at Guy's in 1955, and her husband Neil Glendinning, likewise a Guy's graduate. They took on a general practice in South Petherton in June 1959 and for the last happy years Bobby and Gwen lived opposite them. John, their son, is Headmaster of a well-known preparatory school nearby and Joan, the younger daughter lives not far off in Wells.

Bobby and Gwen thus spent these last years of his life in true contentment, he expertly busy in his garden – he always found time for his garden – and in his library among his treasured first editions.

Our sympathy goes out to all these members of his family.

L. F. W. S.

Phillip Arthur Zorab, M.D., F.R.C.P.

Dr. Phillip Zorab died after a long illness on 8th February 1983, at the age of 67. He was born in Southampton, the fourth of the six children of a distinguished ophthalmic surgeon. Phillip Zorab was educated at Cheltenham College and, after a brief spell on the Stock Exchange, volunteered for the army at the outbreak of the Second World War. He served with distinction in the desert campaign, and in Italy and Greece, being discharged with the rank of major in the Royal Artillery.

When he came to Guy's Hospital Medical School, he was the fourth Zorab to do so and was subsequently joined there by his younger brother. He qualified in 1952, obtaining his M.D. in 1960, and became a physician on the staff of the Brompton Hospital and subsequently St. Mary's Hospital. His special interest was the respiratory sequelae to spinal disease and he rapidly became an international authority on kyphoscoliosis and the problems surrounding it.

His charm and courtesy won him many friends and also won him the warm gratitude and admiration of his patients, many of whom travelled long distances to see him. His marriage to Jane, an ex-Sister from Guy's, was superbly happy. He is survived by his widow, three sons and a daughter, as well as his four brothers and a sister.

M.H.L.

Robert John Eustace, L.D.S., R.C.S.(Eng.)

Bob Eustace was born on 20th January, 1908, at Chelmsford, the eldest son of an electrical engineer. He was educated at Blundell's School from 1920–27 where his sporting prowess was first evidenced when he played for the school at both rugby and cricket. He went up to Guy's Dental School in 1927, where again he made his mark as a sportsman, gaining a blue at scrum-half for the Hospital when the team was a force to be reckoned with on the first class rugby field; it was during this period that he won his county cap. He also got a blue for cricket and one of his happiest memories was the century he scored in one of the Hospital's Cup Finals.

It was during his student days that he made somewhat of a reputation for his skill on the ukelale. This was much appreciated by his team mates when travelling around the country to away fixtures, as well as the commuters between Chelmsford and London. He had an abiding interest in traditional jazz and a comprehensive record collection which he treasured. In 1933, he was married to Grace Herring, at St. Martins-in-the-Field, by Dick Shepherd.

He qualified in 1932 and was houseman to Arthur Bullied. After this, he joined Wilfred Fish and Stewart Ross at their practice in Sevenoaks where he stayed until joining the Army Dental Corps in 1940. He completed his army service as a surgical specialist at 25 General Hospital and was demobilized as a Major in 1946, when he returned to continue practising at Sevenoaks. Soon after this, Wilfred Fish and Stewart Ross both left the practice to seek pastures new in London, but Bob stayed on until his retirement in 1975. During these 43 years, he was much appreciated by his many and faithful patients, some of whom travelled from overseas to see him. To him, his patients' interests and welfare were paramount and certainly came before any personal considerations. He was joined in 1946 and 1947 by Beric Southwell and Geoffrey Christian, both on their demobilization from the army. It was a most happy partnership largely due to Bob who was an easy-going, but, when necessary, firm partner. In 1965, Louis Nagy joined the partnership and later Stuart Oakenfull.

During his time at Sevenoaks, he developed his golf and became a member of Knole Park playing to a handicap of 4. He also became interested in photography – some of his portraits were worthy of exhibition – and bird watching. After his retirement, he and Grace moved to a small cottage in the wilds of Wales where, with his interest in people, he made many friends amongst the local farmers.

He died on 24th January, 1983 at Carmarthen Hospital from coronary thrombosis after a mercifully short illness. To Grace, John, Jane and Guy we extend our sympathy tinged with envy that they should have had the company of such a gentleman over the years.

G.C.C.

Clubs' Union News

Well, here I am again, back in the hot seat as your Clubs' Union correspondent after a short break to allow Lawrence to write his report on the year – and many thanks to him for all he's done. Believe me, it's been a very sizeable contribution.

The new team officially took over on 22nd February at the A.G.M., and I believe that we've got a great bunch of people to carry on with the running of Union affairs. Elaine Parsons will now be in charge of the Union shop. John Trickett is the new Bar Secretary, and Astrid Cunningham takes over as Social Secretary.

Astrid has already demonstrated her ability by masterminding this year's Charities' Week, which was packed full of fun events, but was regrettably somewhat lacking in support. The final profit is yet to be calculated, but it's estimated that the week has raised around £4,000 – a fine effort in the circumstances.

It looks as though the Bar is going to be one of the trickiest problems over the coming year. The bar accounts continue to show considerable shortages, and occasional unruly behaviour continues to be a problem. The Clubs' Union Council is investigating these matters with a view to improving facilities, the ultimate object being to elevate the atmosphere of the bar. Information on the recent troubles in the bar and, indeed, any help or suggestions would be welcome.

On a brighter note, let's look forward to long lazy days in June, and the Summer Festival! The date has been set for 4th June and the wheels of organisation have already begun to turn. I'll give you more details of what is planned in the next *Gazette*, but, in the meantime, if you would like to help out with any of the organisation, or running of stalls on the day, please drop me a line. The Team has quite a few ideas, and we hope it will be even more of an occasion than usual. Keep your fingers crossed for fine weather!

Simon Ward

This Month's Front Cover

This contemporary etching (c. 1720) shows Thomas Guy in his meagre dwelling, counting his amassed wealth. At the time of Guy's death in 1724, a good deal of character assassination of Guy was perpetrated, particularly in view of his having made over £200,000 in the South Sea Bubble farrago.

Dental Notes

by A. D. Robinson

Another Clinical Day has come and gone. Once again the weather was kind to us, the sun came out a couple of days before and stayed out. Perhaps it was this which was partly responsible for the very large number attending the meeting: 803 actually signed in, so, allowing for a percentage who came but didn't sign, there were probably over 900 people present in the Dental School, a larger number than for several years.

I hope that the scientific programme was a fair match for the loyalty of these many practitioners. Two of them I spoke to at lunch-time, Mr. J. A. Hudson and Mr. J. F. Pilbeam, qualified in 1922. We welcomed a quite good turnout of former dental staff and were glad to see Mr. H. G. Poynton, a Guy's dentist who has been in charge of the Department of Dental Radiology at Toronto for many years.

Both lectures in the Tower Lecture Theatre were very well attended. I enjoyed the 2.15 p.m. lecture by Professor R. A. Cawson entitled "Cases you have sent".

Great praise is due to Dr. David Brown, the Dental Sub-Dean, who masterminded the demonstration programme and assembled it, together with many interesting bits of information about the Dental School and Dental Society, into a very professional printed booklet.

During the day, I met someone who had seen my photograph of the basement of the old School and could remember that, in his student days, there was still an underground connection to the Dental School in use. It came up under the back stairs – he thinks it was abandoned after a bomb fell just outside the front door (in 1942?). On this subject, I also received a long and interesting letter from R. E. Matthews, who was A.D.O. for many years.

In the evening, the Dental Ball was again held at the Cafe Royal, enjoyed by 550 or more dancers. The meal, I thought, was excellent. Speeches by the President, Mr. R. C. Bret Day, and the Honorary Secretary, Miss Philippa Riseley-Prichard, were brief and lively. Music by Rudy Rome kept the party swinging. Seeing the Dean of Dental Studies there, who by the nature of things cannot dance, did just make me think that this, the number one social event of the Dental Society's calendar, could have had more support from members of the dental staff.

Dental Dinner – Friday, 27th May

There are still plenty of tickets available for the dinner – price £13.50 each. Cheques payable to Guy's Hospital Dental Society. Please indicate name, address, telephone number and year of qualification. Also names of guests (if any) and with whom you wish to sit. Applications to A. D. Robinson, Floor 25, Guy's Tower, London, SE1 9RT.

Comments on the Anniversary of the Description of Hodgkin's Disease

by Stephen A. Geller

Thomas Hodgkin introduced his discussion of the condition we now know as Hodgkin's disease with modesty characteristic of his entire life, indicating, in his first sentence, that his findings were "*probably familiar to many practical morbid anatomists*" (1). One hundred and fifty years later we recognize that there is, indeed, some evidence that Hodgkin's suspicions were correct (2-4). Hodgkin was informed of Malpighi's work after his paper was presented at the January, 1832, meetings of the Medical-Chirurgical Society of London and referred to it in the published version of his manuscript (1). Despite this, it is clear that Hodgkin's scholarly report of seven patients is truly original and that he has greatly influenced the evolution of the understanding of disease processes.

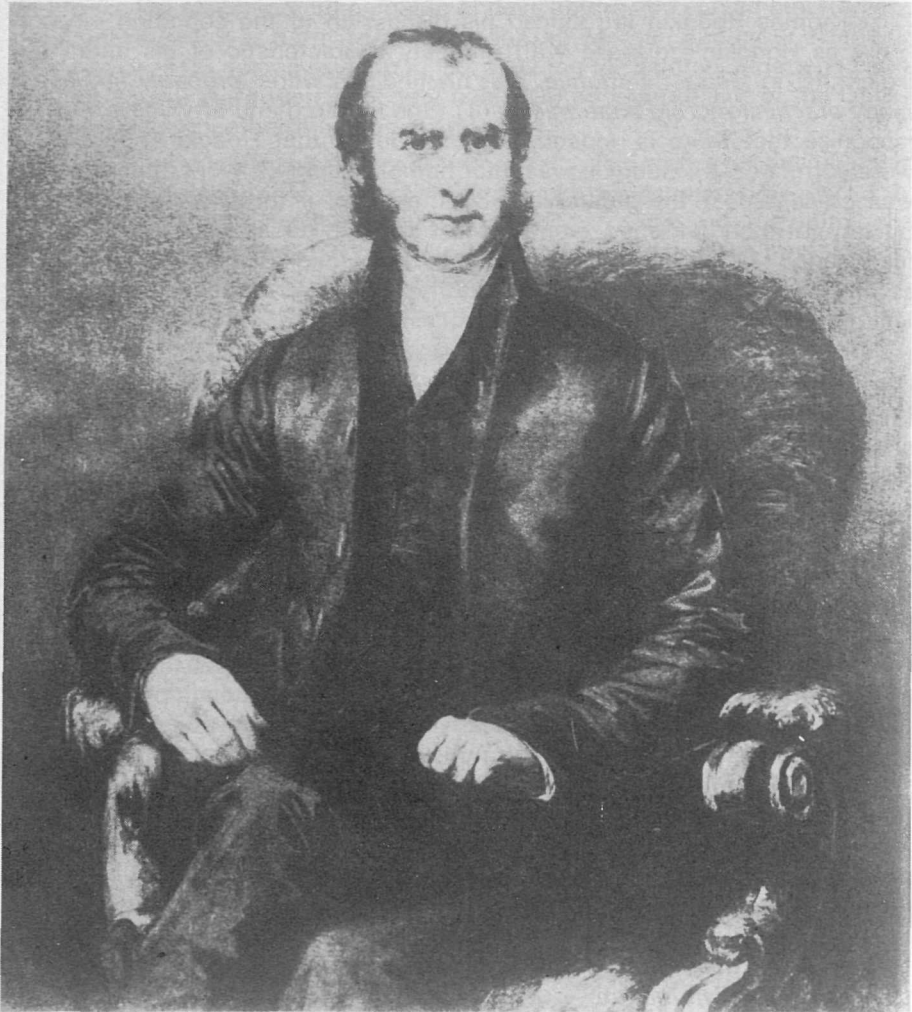
Hodgkin's paper continued the emphasis of the thesis he submitted to satisfy the requirements for graduation from the Edinburgh medical school (5). He showed the interrelationship of the lymph nodes (absorbent glands) and the spleen in terms of normal function, and, in 1832, of disease. Hodgkin's studies helped to establish the concept of the lymphoreticular system. In commenting on case VI, Hodgkin noted that the patient's lymph node enlargement was "*concomitant to the idiopathic interstitial enlargement of the absorbent glandular structure throughout the body.*" And, later in the paper, he reflects on: "*further confirmation of my suspicion that a connection exists between the glandular derangement of which I have been speaking, and the state of the spleen.*"

Hodgkin recognized the neoplastic nature of the condition he studied and did not hesitate to indicate clearly that he was describing a condition distinct from usual forms of lymph node disease, which were inflammatory: "*this enlargement of the glands appeared to be a primitive affection of those bodies, rather than the result of an irritation propagated to them from some ulcerated surface or other inflamed texture.*" Clinical experience, as well as morphologic studies, supported his view: "*unless the word inflammation be allowed to have a more indefinite and loose meaning than is generally assigned to it, this affection of the glands can scarcely be attributed to that cause, since they are unattended with pain, heat, and other ordinary symptoms of inflammation.*"

There was no recognition, in his own time, of the importance of his observations. His doctoral thesis was commended only for the quality of the Latin (6) and his 1832 paper was not even mentioned in the summaries of his "*most valuable*" (7) and "*most important*" (8) works recorded in the obituary notes following his death. Hodgkin, himself, never returned to this subject and never counted it as his most significant contribution.

In spite of his skills at microscopy (9), he never subjected the lymphoid tissues he examined to histologic study and it was only in 1926 that

Hodgkin's cases II, IV, and VII were confirmed as being that which we now recognize as Hodgkin's disease (10). It does not, in any way, diminish the significance of his observations and interpretations to note that the other cases included examples of non-Hodgkin's lymphoma, tuberculosis, and syphilis. These conditions may, even today, with excellent tissue processing and microscopy, be confused with Hodgkin's disease (11).



The 1832 paper is the beginning of our understanding of the lymphoreticular malignancies and can be regarded as the first step in our recognition of the immune system and its disorders. However, this seminal contribution might well have been completely lost had it not been for Samuel Wilks, a successor to Hodgkin at Guy's Hospital and a great physician who demonstrated uncommon generosity. Hodgkin's paper was in a relatively obscure medical journal. Richard Bright briefly alluded to Hodgkin's work in a

discussion of abdominal tumours, and emphasized that the condition "*varies from the more usual form of malignant disease*" (12). In 1856, Wilks independently described the same disease Hodgkin had recognized (13). After writing his paper, Wilks learned of Bright's citation and read Hodgkin's publication. Wilks wrote a second paper on the topic, in 1865, and, using the designation "*Hodgkin's disease*" for the first time, gave full credit to "*Dr. Hodgkin, who was the first, as far as I am aware, to call attention to this peculiar form of disease*" (14).

The name of Thomas Hodgkin has, since that time, become an integral part of the lexicon of medicine and will certainly remain so at least until the time when Hodgkin's disease ceases to be enigmatic in terms of its aetiology and pathogenesis. When that disease is finally understood, the name could well become replaced by a more scientifically sound appellation and Thomas Hodgkin might be forgotten. This would, however, be tragic, for Hodgkin's fine study is but one small part of the enormous contribution he made to science and to humanity.

Hodgkins first described aortic insufficiency in 1827 (15), five years before Corrigan (16). He accurately documented the nature and complications of appendiceal perforation (17), more than 50 years before Fitz (18). Hodgkin recognized arteriosclerotic disorders (19, 20), and alcoholic cardiomyopathy (21). He was probably the first to promote the concept of the resident physician as a means to improve postgraduate medical training, while exhorting his medical school colleagues to encourage more preclinical training in the basic sciences for the undergraduate student (22, 23). He is most likely responsible for the introduction, and certainly for the promotion, of the Laennec stethoscope into the practice of medicine in England (24). Few have been as ardent as Thomas Hodgkin in supporting the usefulness of the autopsy in the study of human disease (25). Hodgkin developed the magnificent pathology museum at Guy's Hospital, now known as the Gordon Museum.

Thomas Hodgkin was greatly respected as a physician, scientist, and teacher (26), but his professional achievements pale when compared to his humanitarian pursuits (27). Following his disappointment at not being appointed Physician to Guy's Hospital (28), Hodgkin devoted a greater proportion of his time to philanthropic activities. He denounced conditions of poor sanitation in London, overcrowding, lack of adequate fresh air in the city, and the employment of children as chimney sweeps and factory workers. He vigorously promoted vaccination for smallpox. He urged his fellow physicians to be mindful of their responsibilities to care for the poor (29). He was a linguist, ethnologist, anthropologist, geologist, one of the leaders of the Royal Geographical Society, and a founder of the University of London. Thomas Hodgkin was a most sincere, most committed, and most vociferous opponent of slavery and had a passionate interest in the fate of primitive and oppressed people, particularly North American Indians and Negroes (30–32); he was a founder of the Aborigines Protection Society, devoted mostly to the abolition of slavery. Indeed, he showed his concern for the plight of his fellow human beings, whether they were in London, Europe,

Asia, Africa, and the United States, and his last years were completely devoted to self-sacrificing activities to better the condition of the poor, to abolish slavery, and to relieve the persecution of the Jews in Africa.

Hodgkin's great and close and devoted friend was Sir Moses Montefiore. Together, Hodgkin, a steadfast Quaker, and Montefiore, a rigidly observant orthodox Jew, travelled widely, attempting to improve the status of the many who lived desperate lives. In 1866, they went to the Holy Land to aid distressed Jews and Arabs who were in the midst of a cholera epidemic. Hodgkin became ill soon after disembarkation. After an exemplary life devoted to his art and his fellow man, Thomas Hodgkin died in Jaffa.

In this, the 150th anniversary year, we must note that the nature of Hodgkin's disease remains almost as much a mystery as it was in 1832 (33). Thomas Hodgkin's interests and achievements, only some of which were recorded here, are extraordinary in their scope and in their influence on his and our society. Hodgkin is still buried in the old Anglican cemetery of the ancient city of Jaffa. Sir Moses had an obelisk erected at the burial site; it bears the inscription "*Humani nihil a se alienum putabit*" (nothing human was foreign to him) (34).

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Just a minute

by Our Own Correspondent

The annual plagiarism of one of radio's best shows took place on St. Valentine's Day. The Anatomy Theatre was crammed with people who were more than willing to part with fifty pence for an hour's mirth – mainly society's lepers who had been consigned to a day of misery by an inexplicable dearth of cards. Anyone else would surely have been taking up the offers of their newly discovered admirers. As last year, the irrepressible Tony Tammar took the chair to inject the event with his usual blend of bigotry and cynicism. But what's this? An unconvincing medical student in drag, bounding down the steps to decorate Tony's impressive pate with a grotesque smacker. Donations to Tony's "Pledge Furniture Polish Fund" gratefully received (not Lech Walesa's).

Time for the show to begin, and Dr. Tammar unnecessarily introduces the evening's hapless guests: Adam Searle, the thinking man's Noel Coward (his description); Carol Lovelidge, part-time housewife and Biochemistry superstar; Murray Brookes, our very own Brillo-sponsored Anatomist; Ray Cash, self-confessed lady-killer; and of course, Laurie Bannister, not to be confused with the histologist of the same name.

Adam kicked off the evening, talking for a minute on "Tony Tammar's Tupperware Parties" – unfortunately he was interrupted just as he was explaining about Tony's water-bed. Perhaps we will learn more of Dr. T's aquatic naughtiness next year. Adam later told us of his impressive "My part in the Falklands Victory", which was somewhat incredible, involving as it did a forced swim to East Falkland, taking some 83 days.

Carol – every medic's proxy mother – spoke on "The Biochemistry of Tony Tammar and Other Foreign Bodies" – the topic of Dr. Tammar's specific request. This gave Carol a chance to describe, with admirable candour, her laboratory frolics with Dr. Tammar. Just as we were about to be shocked with some immense exposé, Carol drew breath, and one of the other contestants used the nanosecond delay to claim hesitation, and thereby bury the topic for ever. Carol then spoke knowledgeably on "Pitch Modulation and Voice Control" – a topic for which she is uniquely qualified, having once risen three octaves in the blinking of an ear cell, whilst describing an unexpectedly fascinating aspect of red cell membranes. Murray uttered his speechettes with characteristic aplomb, drawing effortlessly upon his vast wealth of classical Greek mythology to describe "The Pipe as a Dissecting Instrument". This diversion lasted longer than his second topic, which was "The day I put my fingers in the plug socket", a shockingly wicked title for a man of such tonsorial magnificence.

Ray then told us about "The influence of the kilopascal on Antipodean art", but was skilfully intercepted by Adam, himself only to be stopped by a fellow contestant believing that Adam had deliberately misheard this as "Koala Pascal", the famous Australian artist. A justifiable intervention in view

of Adam's malicious lying. Ray then started on "Me, my women and plaster of Paris", but was luckily stopped in mid-burst by Murray, who replaced the Strine's rantings with a rather more sophisticated over-view of how the stuff is mined in France. Laurie then talked to us on "The overhead projector as an art-form" – quickly cut short by Adam who told us that the overhead projector era had preceded Michaelangelo's helicopter period. Again, a little implausible. Laurie's next topic was "Things I have done in under four minutes" – this was possibly an obscure reference to a histologist of the same name, with whom he is often confused. His talk brought us no revelations saucier than boiling eggs.

Unfortunately, Fred Imms was ill and unable to attend, so we never found out about "Are red waistcoats and sartorial acceptability mutually exclusive?", nor his opinions on "The sad passing of the virgin medic". The old misogynist's views on the latter were sadly missed.

Thanks must be extended to all who took part in an hour's entertainment that never flagged, and was filled with genuine wit.

Kaleidoscope

by Timothy Houlding

This month, we begin a new series of articles which will present a medley of images, photographs, drawings, comments and reminiscences associated with Guy's Hospital. What this series will not attempt to delineate is a comprehensive history of the Hospital – a subject that is variously covered in "*A Biographical History of Guy's Hospital*" by Wilks and Bettany, "*Mr. Guy's Hospital*" by H. C. Cameron (1954), "*The Guy's Hospital Gazette Bi-Centenary Edition*" (1925) and "*Guy's Hospital – 250 Years*" (1976). Rather, it will attempt to provide a pictorial view of the Hospital and its environs from 1725 to the present day, with a brief accompanying commentary.

We begin with the earliest, and rarest, image of Guy's Hospital, engraved in 1725 by Bowles. It is interesting to note that the cost of the Hospital, as seen in this fine engraving, was £18,793 16s 1d, which included the furnishings and fittings for the twelve wards. Two features of this artefact are worthy of special note: firstly, the arrangement of the wooden beds against the walls of the ward seen in the lower inset; secondly, the inscription above the main centre-piece which carries the words "*Guy's Hospital For Incurables*". The latter is intriguing in view of the latter-day change of heart by the Governors of the Hospital, which was alluded to in the "*Advertisement*" printed in the 1732 edition of Guy's Last Will and Testament, which was reproduced in last month's *Gazette*.

Soon after the original Hospital was erected, an additional piece of land was leased from St. Thomas's. On this ground, situated in front of the Hospital, was placed Scheemaker's statue of Thomas Guy, with the East and West Wings being added in 1738 and 1780, respectively. The second

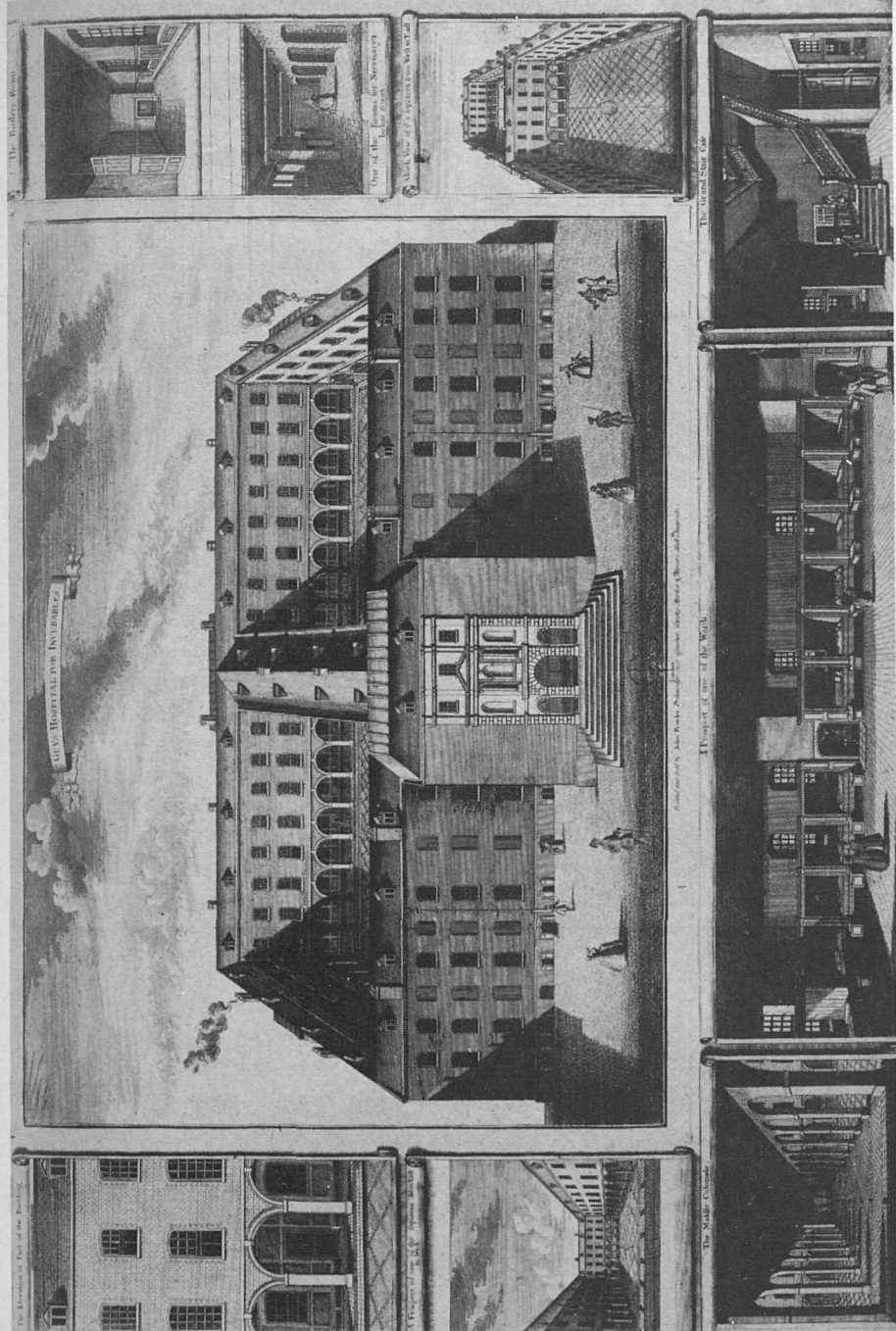


Plate 1: Bowles' fine engraving of Guy's Hospital for Incurables, commissioned in 1725. The Gazette's original copy of this engraving has been mutilated in so far as the "In" of "Incurables" has been erased.

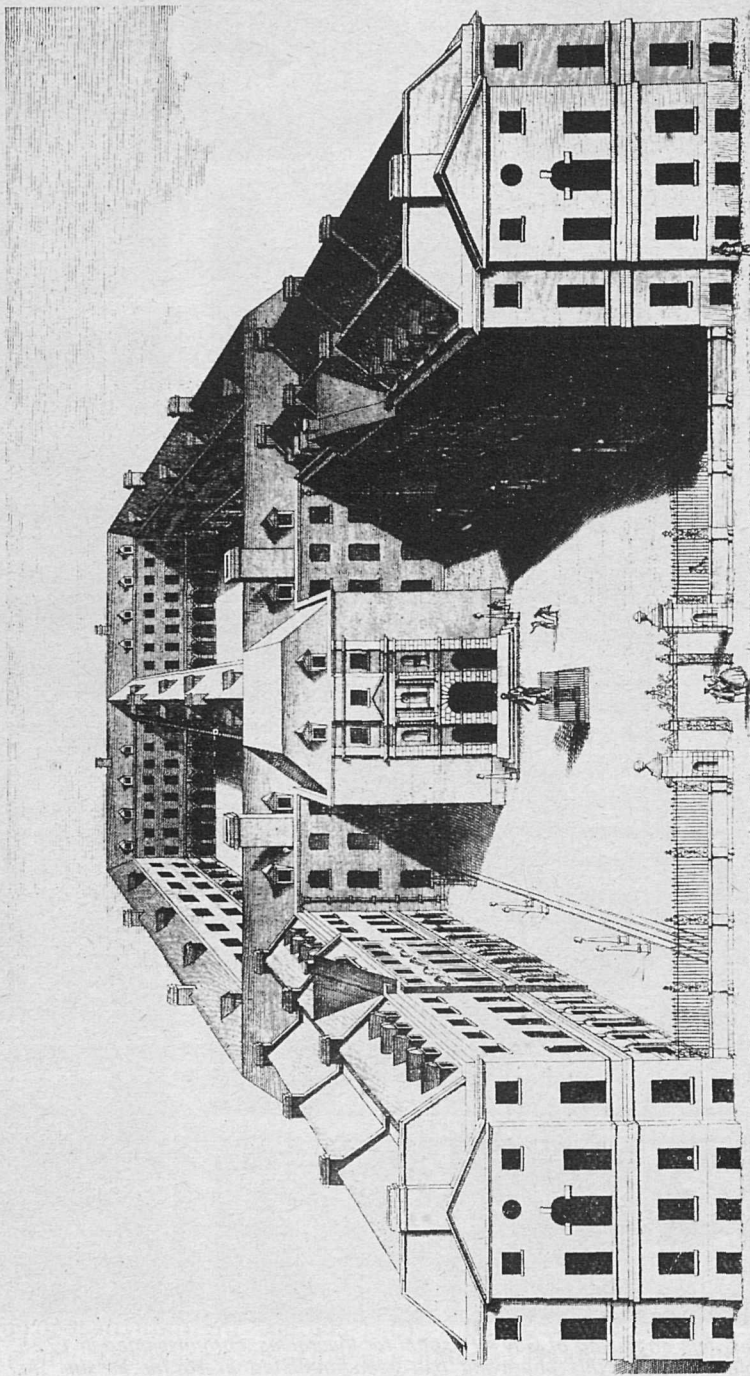


Plate 2: Tom's impressive architectural drawing of the Hospital as perceived in 1734. The construction of the Front Quadrangle was not completed, however, until 1780.

illustration shows the completed front quadrangle as depicted by W. H. Tom, after R. West, in William Maitland's "*History of London*" (1780).

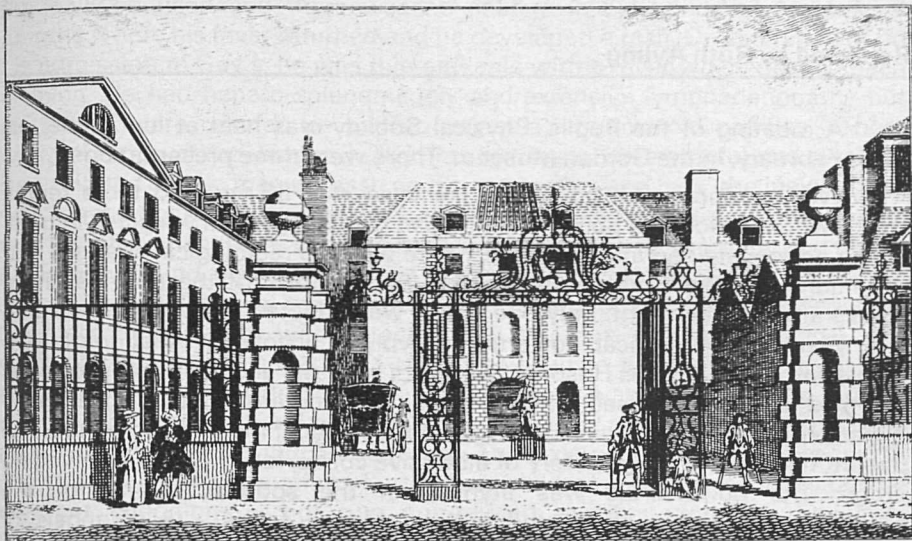
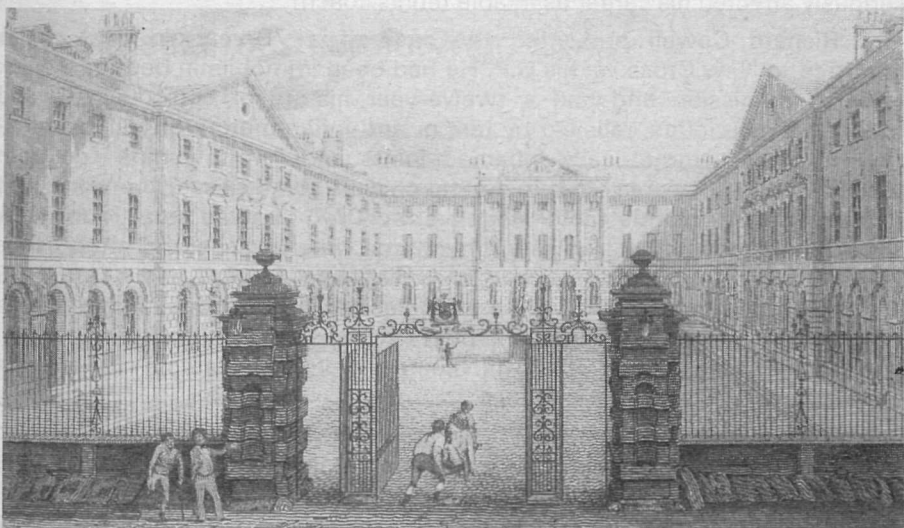


Plate 3: Green's late eighteenth century aspect of the Hospital.

The third illustration shows the Hospital at much the same time, before the central *façade* was remodelled. The results of this cosmetic restructuring are seen in the final engraving by Rawle, commissioned in 1803, which shows the addition of the six pillars and the figures of *Hygiëna* and *Aesculapîs*, sculptured by Bacon, R. A. Despite the ravages of an incendiary bomb which demolished the East Wing in April, 1941, the architectural features of the Hospital as witnessed in the late eighteenth century remain to this day.



Pupils' Physical Society

Reported by Ruth Ayling

A meeting of the Pupils' Physical Society was held at lunchtime, on 22nd February, in the Gordon Museum. There were three presentations:

Wicktor Zbrzezniak presented the case of a 53-year-old table tennis coach who developed a polyarthritis, whilst recovering from whiplash injuries to the neck sustained in a car crash. There were no radiological changes and the injuries resolved within six months. At the onset of the arthritis, three weeks after the accident, only one elbow was affected but over the ensuing two years a symmetrical polyarthritis evolved, involving most joints. On admission to New Cross Hospital two years after the accident, investigations revealed a slightly raised ESR, a positive rheumatoid factor (previously negative) and minimal erosive changes in the joints of the feet and hands. The patient had a seven-year history of ulcerative colitis, for which he received no drugs. The polyarthritis was atypical of the spondyloarthritic or the enteropathic arthritis associated with ulcerative colitis – a diagnosis of *rheumatoid arthritis* was made. One year after the accident, the patient was forced into a hasty out-of-court settlement for the damages relating to the injuries sustained – he received £5,000. The medicolegal question raised was whether the psychological trauma incurred during the accident could have precipitated the onset of rheumatoid arthritis, a number of years before it might have developed naturally. Such a theory might be supported by the presence of ulcerative colitis – another disease in which psychological precipitating factors are well recognised. Thus if the patient had not settled out of court, would he now have a case against the driver who caused the accident and probably precipitated the disabling polyarthritis, which so seriously affected his career as a table tennis coach?

Richard Cowell presented the case of a 70-year-old coal porter admitted to New Cross *via* his G.P. He had been immobile in bed for a week prior to admission and had a twelve-year history of episodic pain and swelling of the joints, relieved by rest or anti-inflammatory drugs. Examination revealed symmetrically inflamed joints and "white lumps" on both pinnae. The E.S.R., urea, creatinine and calcium were raised, the urate was normal and rheumatoid factor negative; an I.V.P. showed small kidneys. A knee aspirate contained urate and pyrophosphate crystals and radiographs showed extensive chondrocalcinosis. A diagnosis of gout and pseudogout was made. A normal P.T.H. with a high plasma calcium suggested a degree of hyperparathyroidism which is known to predispose to chondrocalcinosis. The chronic renal failure could be the result of many factors and a renal biopsy was not likely to be useful.

Ruth Ayling presented the case of a 25-year-old foreman, admitted from Malta with a six-month history of fever, malaise and joint pain. He was anorexic and complained of aching and swelling in many joints and swollen lymph nodes. He had been admitted to hospital in Malta and treated with

steroids and antibiotics. After four weeks, he was discharged feeling better and afebrile but the other symptoms were unchanged. The steroids were gradually reduced and there was no change in his condition for several months. Then, his fever returned and he developed a rash. On examination on his admission to Guy's, he was thin and pale with a fever which peaked each evening. He had hepato-splenomegaly and extensive lymphadenopathy but his tonsils were normal. He had no palpable "rheumatoid nodules". There was full range of movement in all joints but many were painful and swollen. He exhibited a pink, macular rash on his arm, palms and legs, the incidence of which accompanied his fever. Investigation revealed a blood picture consistent with the anaemia of chronic disease, a borderline neutrophilia and raised E.S.R. Blood and synovial cultures were negative and lymph node biopsy showed no evidence of malignancy. An autoantibody screen was negative, no rheumatoid factor was detected and a range of bacteriological and virological tests were negative. X-rays showed juxta-articular osteoporosis of the hands and feet. A diagnosis of Still's disease was made and the patient treated with allopurinol and gold. He was discharged after ten weeks, clinically and symptomatically much improved. The existence of Still's disease in adults and classical rheumatoid arthritis in children provides evidence of two different conditions – not two age-related manifestations of the same disease. Essentially, Still's Disease is a seronegative arthritis characterised by a quotidian fever pattern, accompanied by an evanescent pink rash and has a pattern of joint involvement usually distinct from that of classical rheumatoid arthritis.

Dr. Gibson was kind enough to attend the meeting and guide the ensuing discussion. This centred on the rather dubious association of psychological factors in the aetiology of rheumatoid arthritis, the differential diagnosis of Still's Disease and the options for further management of the second case.

Anaesthesia for microlaryngoscopy

by T. H. S. Burns

This article was prepared by Dr. Stewart Burns, who has just retired from the anaesthetic staff of St. Thomas's Hospital. Dr. Burns is one of several distinguished consultants who represent part of the link between Guy's and St. Thomas's, in that, before his appointment to the latter, he was resident anaesthetist and honorary senior registrar to the former.

Anaesthesia for microlaryngoscopy is not easy, and presents peculiar dangers for the patient. When a surgeon wishes to examine, or to operate on some part of the inside of the larynx, the patient's ability to breathe can easily be compromised by obstruction or by the effect of drugs. Anaesthesia involves the removal of the normal reflexes of the part under attention, and these reflexes may be divided into three parts – afferent, central connections, and efferent. Anaesthesia may be produced by blocking, or partly blocking,

one or more of these parts. Originally, anaesthesia for most forms of surgery depended on "central depression", and, for laryngoscopy, nitrous oxide, oxygen and ether were administered through a gum elastic catheter or similar tube. This could provide good relaxation, with spontaneous breathing. Provided the laryngoscope was powered by an "intrinsically safe" circuit, which commonly involved the use of a dry battery, the risk of explosion was practically eliminated. But the catheter or other tube interfered with the surgeon's success, and many did not like the blast of ether which came from the patient and lingered on the surgeon.

Some surgeons overcame these problems by the use of local analgesia, covering the airway, as far as the trachea, with cocaine hydrochloride. When combined with heavy sedation, this provided reasonable conditions for both patient and surgeon, in a fair proportion of cases. These two basic methods produced anaesthesia by depressing two parts of the reflex arcs involved. The advent of muscle relaxants made it possible to block the third, the motor, or efferent, part of the arc; this could provide excellent access for the surgeon, but with the possibility of an apnoeic, or even conscious, patient.

Modern methods for anaesthetising the larynx may be divided into three. First there is total paralysis, with intermittent ventilation. This originally involved keeping the patient asleep with some intravenous drug, and paralysing him. The anaesthetist would then allow the surgeon to look into the larynx. When the anaesthetist felt that the patient had been apnoeic for long enough, he would move the surgeon out of the way, and inflate the patient with oxygen *via* a tube down the laryngoscope. A development of this system is the injector, where a device is clipped to the laryngoscope and high pressure oxygen is forced into the patient's lungs to inflate the chest. This can provide good conditions, but with a surgeon working on a pathological condition of the vocal cords, there is the risk that material may be forced down into the lungs.

The second method is total paralysis with insufflation. This involves keeping the patient asleep and paralysed. A narrow bore plastic tube is inserted between the vocal cords and oxygen, under pressure, is forced into the alveolae, where it displaces carbon dioxide. Respiration can then occur, without muscular movement of chest or diaphragm. This can provide good conditions, but the plastic tube sometimes interferes with the surgeon's access, and it is not easy to assess the adequacy of respiration.

The third method involves local analgesia in different ways. Macintosh¹ diluted 1 ml. of 10% cocaine hydrochloride with 2 mls. of tap water, and sprayed all of this into the patient's airway, as far as the trachea, using a new spray, which he introduced. The patient could be kept asleep with intermittent thiopentone, and this combination of central depression with local analgesia provided good conditions, with easily observed spontaneous respiration.

For many years, the writer has anaesthetised for at least three ear, nose and throat lists each week and, with the advent of microlaryngoscopy, has devised a modification of Macintosh's technique, which involves some motor depression also.

The patient is premedicated two to two and a half hours before the operation, so that the effects are wearing off by the end of the procedure. The principle of premedicating a patient a certain time before the expected end of an operation, rather than the beginning, could well be applied to other short procedures. Most patients for microlaryngoscopy are elderly and a "half dose" of papaveretum and hyoscine suits them well. Very few authorities consider the use of any dose of this mixture apart from the full adult one. They say that hyoscine causes confusion in the elderly. It certainly does, in a full dose, but while practising for more than thirty years, the writer has never been troubled when using 0.2 mg. hyoscine in the over 65 year olds.

Anaesthesia is induced with a sleep dose of thiopentone, mixed with between 5 and 40 mg. gallamine or, in the case of very poor risk patients, cyclopropane and oxygen. Halothane and oxygen are then given until good jaw relaxation is obtained, which does not take long with the majority of these patients. The small dose of gallamine helps with relaxation and protects the patient from the bradycardia and hypotension which may occur with halothane. The next step is the very careful spraying of the airway, from tongue to trachea, with four or five per cent cocaine hydrochloride. Alternatives to cocaine have not been found to be effective, although Eriksson² suggests the use of two doses of four per cent lignocaine at five minute intervals. Special points to note are the spraying of the pyriform fossae and the under surfaces of the vocal cords, as well as their upper surfaces. If a curved "Forrester" spray is used, which is a modification of Macintosh's original spray, it is important to turn the tip through 180 degrees, when just below the cords, to make sure of covering the posterior part of the undersurface, as well as the anterior part. An "open vein" is then obtained – preferably in the left forearm. The use of an "open vein" on the dorsum of the hand is particularly unkind in the elderly. The patient is then taken into the theatre, breathing as much oxygen and halothane as it is reasonably possible to get into him. He is then ready for microlaryngoscopy, and the cocaine has had time to work. Incremental doses of the thiopentone/gallamine mixture are given into the open vein, to keep the patient asleep and to provide some relaxation. 40 mg. of gallamine should be regarded as the absolute maximum to be given, except in very resistant patients, and some will not need any gallamine at all. It is very useful to give 1 or 2 mls. of the mixture just before the surgeon inserts the laryngoscope, as this is a fairly stimulating procedure. Increments of the mixture are then given to keep the patient asleep, but breathing adequately. If respiration is stimulated by the surgeon, 1 ml. more, at a time, is given. As well as observing the character of respiration, a finger is kept on the pulse at the wrist. In the writer's hands, this sort of procedure has occasionally lasted for more than an hour, during which time the patient has breathed spontaneously, with good conditions for the surgeon and considerable satisfaction for the anaesthetist.

Discussion

The theory behind this method of anaesthesia is that, in poor risk patients, one is mildly depressing all three parts of a protective reflex arc, so that the normal response to stimulation of the larynx is removed, without removing the ability of the patient to ventilate adequately. Cocaine produces

afferent depression, thiopentone and halothane produce central depression, while halothane, with or without gallamine, produces motor depression.

Surgery may continue as long as the cocaine is effective, and the quiet breathing, with minimal bleeding, and practically no interference by the anaesthetist, are appreciated by the surgeon. In the writer's experience, it is important to use cocaine for success. Macintosh³ showed the safety of the drug, provided it was not mixed with adrenaline and a measured dose was given. Cocaine is the only local analgesic which causes vasoconstriction. It does this by inhibiting the uptake of catecholamines into tissue binding sites⁴.

An obvious danger of the technique is that the anaesthetist is tempted to give too much of the thiopentone/gallamine mixture in order to produce good conditions quickly for the surgeon. For this reason, an endotracheal tube should always be to hand on the anaesthetist's trolley, in case he needs to ventilate the patient, following too hasty an injection. So far, this has not had to be done, in the writer's experience, but there has been an occasion when he used a small dose of neostigmine after producing a tracheal tug in a patient, having used too large a dose of gallamine.

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The Foul Tongue: A 19th Century Index of Disease

by John S. Haller

Part 1

I can speak but one language, but I can understand many tongues.

GEORGE DUFFIELD

Transactions, Michigan Medical Society, 1892

From the days of Hippocrates through the latter decades of the 19th century, symptomatology of the tongue was an important index in health and disease. Like the eyes, pulse, respiration, digestion, secretions, excretions, senses and facial countenance, the tongue provided one of the crucial signs for early diagnosis. Understood by many to be a mirror of the body, the tongue indicated conditions of the digestive organs, composition of the blood, the state of secretions and even the condition of the nervous system. Indeed, for some physicians, an entire book of prognostics was written on the surface of the tongue. Its colour, movement, degree of moisture and amount of fissuring, as well as the condition of the papillae, were all factors to take into account when attempting to comprehend the state of a patient's health.

Physicians who examined patients in the 18th and 19th centuries

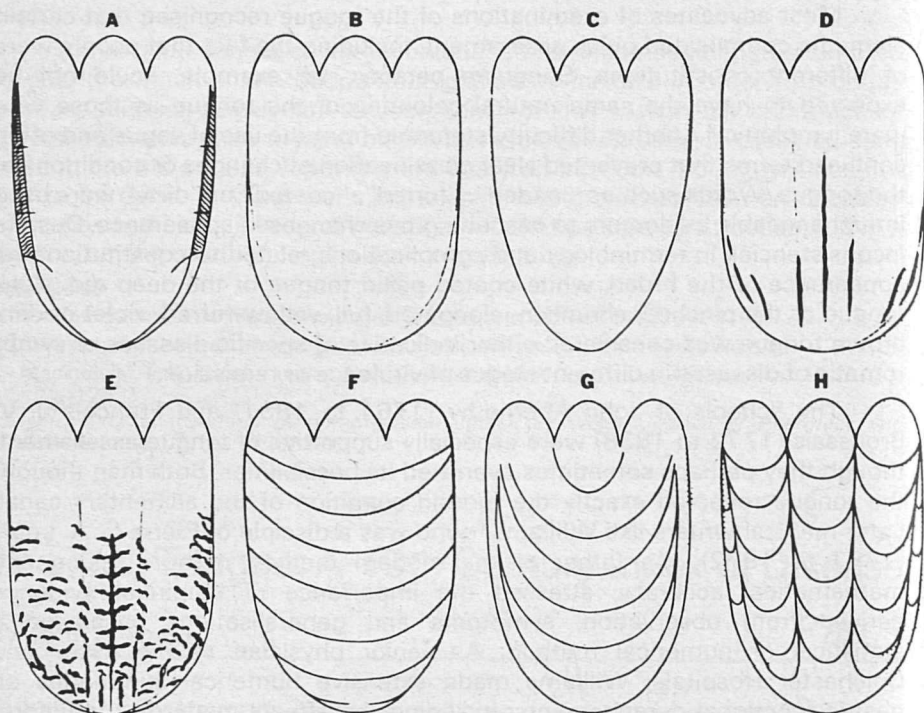
asked to see the tongue as a matter of course. As a patient exposed the tongue for a few moments, its condition and characteristics were carefully examined along with other body signs. Disturbances that were known to produce changes in respiration, secretions and excretions were understood to be evident in the moisture of the tongue, the coating on its surface and the different shades of its colour. The movements of the tongue signalled exhaustion, nervous disorders, paralysis and cerebral lesions, while the volume of the tongue indicated ailments of the digestive organs, affections of the brain, circulatory difficulties and distempers.¹

Most advocates of examinations of the tongue recognised that certain elements complicated quick assessment, including the fact that people were of different constitutions. Sanguine persons, for example, could not be expected to have the same natural colouring of the tongue as those who were lymphatic.² Another difficulty stemmed from the use of vague and often confused terms that prevented clear classification of changes or conditions of the tongue. Words such as "loaded", "furred", "coated" or "dirty" were used interchangeably by doctors to describe gross changes in appearance. Despite inconsistencies in terminology and complications related to constitution, the appearance of the broad, white-coated pallid tongue or the deep red, sleek tongue or the pinched, shrunken, elongated, full, yellow-furred, violet or dark brown tongue was considered either indicative of specific diseases or symptomatic of diseases in different stages of virulence or remission.³⁻⁵

The schools of John Abernethy (1764 to 1831) and François J. V. Broussais (1772 to 1838) were especially supportive of tongue assessment, though they perhaps sometimes overrated its possibilities. Both men thought the tongue reflected exactly the morbid condition of the alimentary canal. Later medical writers like Williams,⁶ who was a disciple of Pierre C. A. Louis (1787 to 1872), the father of the modern method of note taking and mathematical accuracy, stressed the importance of empirical evidence derived from observation, symptoms and generalisations based on a statistical or numerical method. As senior physician to the Essex and Colchester Hospitals, Williams made extensive numerical summaries on gastric functional derangements, including the effects made on the filiform and tuberos papillae of the tongue. Physicians such as Wood⁷ (1797 to 1879) and DaCosta¹ (1833 to 1900) preferred to believe that the tongue, by participating in all general derangements of the body, served as a guide to *"the degree, prognosis, and precise stage of the disease,"* but did not necessarily discriminate one specific disease from another. The differences in these points of view precipitated substantial debate in 19th century diagnostics.^{1, 7}

The disciples of Abernethy and Broussais routinely examined the tongue as a means of clarifying the causes of specific diseased states. According to Ridge,⁸ in a paper read before the Senior Physical Society of Guy's Hospital in 1843 (Figure 1), the areas of the tongue were guide-posts to specific diseases; when properly understood, the effects of disease on these areas allowed doctors to diagnose with greater accuracy and prescribe remedies with more precision than ever before. His observations during an epidemic of influenza in 1836 and 1837 caused Him to notice three distinct

stages of the disease – affecting, in order, the stomach, lungs and brain – with each stage presenting distinct characteristics on the tongue. In keeping with these observations, Ridge divided the tongue longitudinally into three distinct parts: central laterals, or small portions on either side of the *raphé*; laterals, to the outer sides of the foregoing, and edges. He then divided each of these parts by means of transverse lines into anterior fourth, second fourth, central fourth and posterior fourth. Besides the longitudinal and transverse divisions, Ridge designated the tip, sides, cornua, root and oval as sections of the tongue providing additional means of disease.^{8 (p19), 9}



Ridge maintained that the tongue, could point to the particular organ affected in all chylopoietic derangements, indicate the seat of disease in respiratory and circulatory complaints and act as a major guide in the diagnosis and treatment of fevers (see Figure 2). The central laterals, for example, corresponded to the respiratory organs (larynx, trachea, bronchi and lungs), whereas the laterals were apportioned to the chylopoietic viscera (pharynx, esophagus, stomach, duodenum, liver, spleen, pancreas and small intestine). The edges were guideposts to the brain, the tip indicated the state of the large intestines, the oval signified the state of the pleura and the whole of the tongue was an indicator for the heart.^{8 (pp.23–25)}

Thus, with the elongated and pointed tongue, physicians could diagnose irritation and make a determination of blood to the stomach and intestines. When found in children, these signs prompted physicians to divert the blood from the stomach and bowels, being careful not to aggravate the constitution

with an irritating cathartic. When the tongue increased in size and density, with the surface drier and whiter than in good health, and a "dirty-white fur" covering the entire dorsum and obliterating the papillae, physicians prepared for approaching inflammation arising from congestion of the capillaries and veins. A yellowish tongue was considered symptomatic of a disorder caused by the absorption of bile into the vascular system. Physicians were cautious, however, not to make a firm diagnosis in situations of this latter type until certain that a patient was not a tobacco or licorice chewer because chewers nearly always had yellow-coated tongues and healthy livers. The same admonition applied to the conditions of dryness and moisture; persons who slept with their mouths open were apt to have dry tongues.^{10, 11}

In cases where the tongue was relaxed, with diminished size and density and exhibiting a "pale hue" combined with a "dirty-white mucus fur", physicians suspected idiopathic fever and sometimes typhus. In measles, the tongue was thickly coated, moist, with red papillae projecting through the thick coating of fur. Diphtheria presented a moist tongue with a thin "creamy fur", while a moist tongue that was covered with a "white creamy fur" but red at the tip and edges was a sign of influenza. In acute dysentery, the tongue was red at the edges and dry, then dark brown and sometimes even black. In diabetes the tongue was irritable, clean, cracked and red. And in scarlet fever, the papillae were large and prominent, projecting through the fur so that the tongue presented a peculiar "strawberry" appearance.^{10, 12}

(To be continued)

407 Art Club

by our Special correspondent

During the week 24th–28th January, the 407 Art Club held one of its most successful exhibitions. The artists have all previously exhibited and their work is now quite well known to those members of the hospital who find the time to attend.

Matteo Adinolfi produced a series of prints of the female nude. These were very professional in execution and displayed a nice eye for design. The figures were single or in pairs and were seated, standing, lying sideways or prone. In effect, the nude was presented in a range of classical poses and were illustrated with skill and humour. Dr. Adinolfi's ingenuity was further manifest by some clever collages in muted colours using simple materials. His work attracted much comment and interest.

Roy Spector's contributions were few, but illustrated his wide-ranging talent. There were two watercolours of charm, one a seascape and the other a street scene. Equally interesting were his two pottery exhibits – the larger was a copy of an African design, appealing in its very simplicity; the other was a small thumb pot – both using natural colour glazes over terra cotta.

Jane Gibson exhibited 26 samples of pottery, encompassing most techniques. Amongst these were examples of clay sculpture, slab building, mould designs, pinched and thrown pots. The range of work was impressive in its variety. Some pieces were decorative and others functional. The New

Zealand Maori theme, apparent in some of her earlier work, reappeared in this exhibition. Without exception, the workmanship was of a high standard and, when used, the glazes were appropriate to the design. Particularly attractive and in demand were the pebble pot, gravy dish and cheese platter. I hope to see more of her creations at future exhibitions.



Terry Gibson complemented his wife's work with 18 recent watercolour landscapes. These could have been sub-titled "Where I spent my holidays and conferences in 1982". There were scenes from Spain, France, Holland, Scotland, Saudi Arabia, China and Kent. The colouring was characteristically delicate and the drawing sound. There was a feeling for light, sky and open spaces. The scenes depicting cloud, trees and hills conveyed a sense of tranquility and left little doubt about where the painter would prefer to spend his time.

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The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Bore is back in town, and already sees that the place is going to the dogs – at least, there seem to be enough of them around.

Shock! Horror! I hear that there was no sherry at the Cricket Club A.G.M. Is nothing sacred? Certainly not sporting Wednesday afternoons for the dentists – who are allowed it in theory, but less often in practice. No wonder the 1st XI uses some 60 odd players a season (and, bearing in mind the appearance of our former editor, I use the word odd advisedly!). The Don's admirably pragmatic, off-the-cuff suggestion would not – as I understand it – find much favour with everybody in the dental corridors of power.

I hear that my suggestions for the bar are being acted on, with real ale in the pipeline, so to speak. Shame there is nobody there nowadays to drink it: it seems that most weeks almost as many people are trying to break in as to drink in. Perhaps the loss in turnover will force the Authorities to ask the Rats to reband? (Talking of whom, I hear that one was recently disarticulate, as well as inarticulate.)

Another diminutive, but more geriatric, degenerate was observed horizontal after a night at the Vertical. A good idea, but kerb-diving will never replace bar-diving.



"Lock up your daughters!" This and other messages will no doubt be relayed to the unsuspecting (and rather silly) burghers of Paignton over Easter, as they lay themselves open to a triple dose of *Lancets*, *Spirochaetes* and *Trichomonads*. Perhaps the younger members should be reminded of days gone by, when madmen were madmen, and boys were awfully good fun....



Changes in Diabetic Care

There is much research being done at present to improve life for the diabetic. To make life safer for the insulin dependent diabetic, we have recently had the introduction of U100. This may take up to 18 months to be fully operative throughout the country as there are an estimated 250,000 patients involved. This change should now be familiar to everyone.

Diet

Another change we are imposing onto our diabetic patients is in the recommended diet. Traditionally, this was based on unproven and possibly wrong ideas and, when the American Diabetes Association reviewed their dietary recommendations, the B.D.A. did likewise. Previous diabetic diets contained 40% (or less) energy from carbohydrate. Studies have shown that a diet with 60–85% energy from carbohydrate can be tolerated without increasing exogenous insulin requirements. It is now thought that total energy intake is most important for control and that this should be considered on an individual basis.

As previous dietary recommendations were low in carbohydrate, they tended to be high in fats, which may give rise to hyperlipidaemia and consequently a greater tendency to arterial disease. This may be an advantage of the high carbohydrate diet. As yet, this is unproven, but in countries with a high carbohydrate, low fat diet, incidence of vascular disease is much lower than in western countries.

Also recommended now is a high fibre diet. Fibre appears to slow the rate of carbohydrate absorption and consequently flattens the rise in blood glucose after a meal. (*Dietary recommendations taken from report of the Nutritional Sub-Committee of the B.D.A.'s Medical Advisory Committee July '81*)

Continuous subcutaneous insulin infusions

Traditionally, insulin is given by means of bolus doses injected subcutaneously, given once or twice daily, with mixtures of long and short acting insulins. Some patients are now being introduced to continuous subcutaneous insulin infusions (C.S.I.I.) This is administered by means of a small, portable, pump (still being modified) which continuously pumps a basal rate of insulin into the patient, with boosts given before meals. The patient learns to modify the boost required depending upon the size of the meal and the pre-prandial blood sugar.

Insulin is usually delivered from the pump by way of a butterfly cannula which the patient is taught to insert under the skin, often into the abdomen. The pump is held in a special holster around the waist on a belt or under the arm. These pumps can be used by "brittle" diabetics to give continuous intravenous insulin. (True brittles have impaired and unreliable absorption from subcutaneous sites). Work is also being done on intraperitoneal infusions, but this is still in the early stages.

All the methods above are known as "open-loop" systems. "Closed-loop" systems are also being developed. These consists of a sensor which monitors the blood glucose; this is then fed into a computer and a signal is passed to a pump which delivers the required insulin dose. At the moment, the most reliable of these pumps is about the size of a T.V. set and therefore not suitable for day to day management, but it is still being worked upon.

Education

A diabetic well briefed in the management of his own illness can do a lot to minimize any complications which may occur. For many years, diabetics have been taught how to test their own urine and this does give the doctor some idea of what has been happening between clinic visits. Many diabetics are also aware that if they are running at 2% glycosuria they should contact their doctor and this can prevent them from running into ketoacidosis.

A far better home monitoring method is to teach the patient how to measure his own blood sugars and to educate them how to act upon the results. All patients on C.S.I.I. are taught how to do this, together with the majority of pregnant patients. Both are generally well-monitored groups and compliance is usually good. There are a variety of sticks and meters available; BM sticks are popular but some people find them difficult to read and prefer a meter.

We can check patients' long term control by measuring glycosylated haemoglobins (HbA₁) which indicate the average blood glucose over the last 2-3 months. We can see from this how the patient has been managing between clinic visits. A drop in the average HbA₁ was noted in the London Hospital following the appointment of a diabetic care sister.

The newly diagnosed diabetic has a lot to learn before he can master his disease. It is a tremendous shock for the patient to learn his diagnosis and, if insulin-dependent, the main fear is of daily (or twice daily) injections. Many people believe that little can be learnt until the patient has actually injected himself, and they should do so as early as possible. It must be remembered that it can be almost as traumatic for the non-insulin dependent diabetic who is in the older age group and may dread the change in his life-style.

There are certain things a patient needs to know within the first few days of diagnosis, but other things can be taught at follow-up visits. It should never be assumed that the patient knows something and their knowledge should be assessed and added to whenever possible. Various books, leaflets and videos are available, but these just give information and cannot check if it is being received – therefore, they need to be backed up with discussion individually, or in groups. Another aid being developed is a computer programme which can check patients' knowledge and add to and correct as necessary.

Other treatments

Work is being done on islet cell transplants, but the problem of rejection is yet to be overcome. Pancreatic transplantation is also being tried.

The Observer (21.11.82) carried a report into research being done at Aston University into a certain type of creeper which Asian and West African immigrants eat to combat side effects of diabetes – retinopathy, nephropathy and arteriosclerosis. Perhaps an old folk remedy may be the answer.

Victoria Bone,
Diabetic Care Sister

Physiotherapy

The appointment of a District Physiotherapist, about which I wrote a month or so ago, did not in the end reach fulfilment. It is understood that a grading variation order is to be sought from the D.H.S.S. and that the post will be re-advertised. Unfortunately, this means that a further interval of several months must elapse before we can reasonably expect to have our new "manager" in post and presumably, the present *ad hoc* arrangement, by which the two ends of the District travel on in parallel, will continue. No great harm need result from this as long as it is seen to be no more than temporary and so long as no major decisions about the deployment of the physiotherapy service have to be made.

One matter which was revived at the time of the selection committee's deliberations, was the desirability of forming a group of "major users" of rehabilitation services. Such a group, one understands, did or does exist in Lewisham and the extension of the system to include Guy's has its advocates here. It seems to have been decided to hold a decision in abeyance until the new District appointments are made, but it be worth reviewing the situation at this stage.

The concept derives from a Health Circular, HC(79)19, dated October 1979, dealing with management of the remedial professions in the N.H.S., which, it specifically states in heavy type "*leaves unchanged the present medical responsibilities for the organisation of overall rehabilitation services in each district*". An earlier circular had recommended designation of senior therapists to carry out "*largely advisory functions*" and this one, noting the almost universal acceptance of the principle that the remedial professions should be responsible for their own management, asks health authorities to appoint district therapists to manage and plan the services of their professions.

The last of a series of recommendations is the one in question – the formation of a major user group "*which will usually meet under medical chairmanship*", to advise management teams in the formulation of plans for the provision of comprehensive rehabilitation services.

How one views this recommendation depends, naturally enough, on where one happens to be standing. At Guy's, it was decided many years ago that the organisation of the physiotherapy service was not the concern of the medical profession although, quite clearly, if the service fails to respond

effectively to demands made upon it, it does become their concern. The decision was seen as an expression of confidence in our ability to behave responsibly and, give or take a few minor dissatisfactions, the system has worked well. The formation of a medically-chaired body of "*doctors with experience in rehabilitation*" would seem a superfluity and it is difficult to see what it could do without infringing the managerial responsibility of the District Therapist, unless it were content to be a discussion group without executive power. As almost every branch of medicine uses physiotherapy to a greater or lesser degree as an adjunct to its other treatment modalities, it is questionable who would take a place on this committee. It might be worth our making a count of the sources of the referrals of our patients to establish who does "use" us most – we may finish up with the whole medical committee as our overseers!

Ronald Cooper

Book Reviews

"Sociology as Applied to Medicine",
Edited by D. L. Patrick and G. Scambler.
Pp. 255. Published by Ballière Tindall.

The nineteen chapters in this book have been written by eight sociologists associated mainly with the Middlesex and St. Thomas's Hospital Medical Schools. They have covered the main aspects of sociology as applied to medicine required by the syllabus of London University, and other Medical Schools where the topic receives special mention. There are six broad headings: Health and Illness as Social Concepts, Social Factors in Medical Practice, Social Structure and Health, Deviance and Social Control, Organisation of Health Services, and Measurement and Evaluation of Health.

As is stated in the preface, the advantages of multiple authorship, by means of which experts can concentrate on those fields in which they have great knowledge and experience, must be balanced by the fact that each brings a different philosophical and theoretical perspective as well as style. To those who know the authors, their philosophies and their perspectives, the book makes fascinating reading and demonstrates refreshingly that much of the black and white dogma of medical education and the positivist approaches to research of the past need to be challenged. However some medical undergraduates,

and those training for other health professions to whom the book is addressed, may find that in spite of good editorship, the changes in emphasis and style between chapters are somewhat disruptive, particularly in relation to such fields as doctor patient relationships, dying and ethnicity. Opinions on such topics may vary, not only among the student readership, but also among the teachers of other disciplines with whom those students come into contact. The book is therefore better suited to a mature reader, rather than to the student who merely wants to overcome the hurdle of an examination in Sociology.

Prof. J. A. D. Anderson,
Professor,
Community Medicine

"Handbook of Clinical Intervention in Child Sexual Abuse", by S. M. Sgrvi. Pp. 388. Price £21. Published by Lexington.

This book provides a wealth of clinical material concerning that worrying range of psychosocial difficulties which may be associated with sexual abuse of children. This American book is based upon a kind of medical-paediatric-counselling service which scarcely exists in Britain where doctors rather rarely have much to do with these difficult situations. Social workers are perhaps more frequently involved.

The book covers a specialist field itself of some relevance to some trainee psychiatrists and general practitioners but to few undergraduate students. However, the general counselling principles enshrined in this volume are very widely applicable and, as an exemplar of these, the book can be read with profit by anyone concerned with psychosocial problems in the community.

J. P. WATSON
Professor of Psychiatry

"Multiple Choice Questions In Medicine for the M.R.C.P. Examination (Part 1)" by P. Bell. Pp. 164. Price £5. Published by Wright PSG, 1981.

This book contains just over three hundred multiple choice questions designed to help with preparations for the M.R.C.P. examination, Part 1. It is divided into sections with the number of questions weighted roughly as on the M.R.C.P. There are now a number of such books available, as well as those produced by the Colleges. In general, this publication compares favourably with the others available. It is impossible to go through a book like this without disagreeing with a number of the answers given, but most of the stems to the questions are clearly and unambiguously written.

The answers to the questions are printed on the reverse of each page and it is rather difficult to avoid seeing the correct answers through the paper. I think it would be better to go for the scheme found in some of the other books, where the answers are on the opposite page and can be easily covered up while doing the questions, and then easily referred to afterwards. There is a little information given with some of the answers and I think this is essential if one wants to learn while doing the questions, rather than just find out whether one's existing knowledge is enough for the exam.

Since I managed to scrape the reputed M.R.C.P. pass mark, I suspect that the standard of the questions may be slightly low for M.R.C.P. The book would certainly also be of value to candidates for M.B. It is a wise move for M.B. or M.R.C.P. candidates to practise the M.C.Q. technique, and this book would be a worthwhile investment at £5.

JOHN REES
Clinical Tutor

Gynaecology for the House Officer", by Mary M. Anderson. Pp. 173. Price £3.95. Published by Faber and Faber.

This I feel is the book many obstetric departments up and down the country will be delighted to see, as it largely obviates the need for each unit to produce its own set of instructions for house officers. House officers in turn will benefit from the experience of the author who, as a personal colleague, has I know always shown great concern over the training of her junior staff.

The various chapters are set out under geographical headings, "Antenatal Clinic, Labour Ward etc," so that the reader can easily refer to the appropriate section for information or advice on a particular condition. Thereafter he/she will find the data presented clearly and logically, so that practical points may be swiftly grasped.

My only disappointment hinges on the thickness of the paper, which makes the book relatively bulky. Thinner paper would result in a slender volume which would give room for appropriately spaced blank pages, in which the house officer could then add his own notes pertaining to the local "do's and don'ts".

T. M. COLTART.
Director,
Department of Obstetrics and Gynaecology

"Multiple Choice Questions in Anatomy" by J. Joseph. 2nd Edition. Pp. 139. Price £4.25. Published by Ballière Tindall.

The second edition of this useful Multiple Choice Question book has been rearranged and slightly expanded by the addition of sections on embryology and histology. The questions have been arranged on a regional basis with the correct answers listed at the end of each section. There are a large number of questions mainly in the style of the five part question with a true or false answer. This is the format widely used in medical examinations starting in the 1st B.M.S. exams and going through to Primary Fellowship. Students both medical and dental would benefit considerably by practising their M.C.Q. technique on this book. The questions range widely across the anatomy syllabus both in content and severity.

M. C. E. HUTCHINSON
Senior Lecturer in Anatomy

"Work and Health", by Andrew Melhuish. Pp. 208. Price: £2.50. Cover: Soft. Published by Penguin.

In his preface the author, who has spent most of his practising life as Medical Officer to the Administrative Staff College at Henley, implies that this book is intended to be an appraisal of the health problems affecting those in sedentary and demanding jobs, with particular reference to modern living and working conditions.

The first half of the book looks at morbidity patterns in general, and gives a layman's guide to heart disease, cancer and mental illness with a further chapter dealing with what are described as "other physical illnesses". These range widely from headaches, asthma and diabetes to prostatism, premenstrual tension and sciatica. The second half looks at predisposing factors such as stress (defined as "a stimulus which imposes detectable strain that cannot be easily accommodated by the body and so appears as impaired health or behaviour") and overwork (quantitative:

"having too much to do"; qualitative: "having work that is too difficult to do"). It is argued that the cost of training a manager is so great that it is worth investing a comparatively small sum to ensure that the finished product enjoys good health, thereby having a greater chance of working efficiently. However, it is also up to the managers themselves to ensure as far as is within their power, that they have achieved a reasonable balance between their jobs, family life and their recreational pursuits, and that the so-called indulgences of modern living are kept under control.

This twentieth century simplistic view of *mens sana in corpore sano* can hardly be described as necessary reading for medical students or others training for careers in the health services. On the other hand, it is as well that we are aware of what may be read by some of our patients.

J. A. D. ANDERSON,
Professor,
Community Medicine

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PAUL POLANI

A quarter of a century has elapsed since the publication of the first paper describing the correct number of human chromosomes. A similar length of time has passed since the first description of a new plasma protein, alpha fetoprotein, which is discussed at length in the present volume. The first book on genetic counselling was published some 26 years ago, while the structure of DNA was discovered 28 years ago. It is not merely a fortuitous coincidence that the history of the Paediatric Research Unit covers the same span of time as the history of the many studies carried out in its different sections.

With his characteristic vision, in the mid-1950's Paul Polani recognised that an understanding of genetics and the application of genetic principles were fundamental to the advancement of modern medicine, and to that of paediatrics in particular. He did not see the study of genetics as an end in itself, but rather as an activity that should inspire researchers in such different fields as biology, epidemiology, biochemistry, immunology and pharmacology, and direct them to the service of the sick.

The eclectic nature of Paul's intellectual interests is reflected in the variety of subjects covered in this book, but they embrace much wider horizons. Several past and present members of the Unit have had the good fortune to spend most of their scientific life, or at least their formative years, under his stimulating influence. While they were taking part in the exciting discoveries described in the chapters of this book, Paul has always been close to them – promoting, encouraging investigations, rejoicing at their success, and often declining acknowledgement of his contribution by refusing to appear as a co-author in published work. Every one of Paul's collaborators has become accustomed to finding the most recent issues of the scientific journals in the Unit's library marked by his neat handwriting, drawing their attention to lines of investigation worth discussion and exploration. Similarly, at the informal staff meetings and seminars, they

have learned to expect that Paul would intervene courteously, with penetrating insight and enthusiasm, to generate new ideas and to formulate new strategies for the resolution of scientific and practical problems.

The collection of reviews presented in this book is a modest homage to Paul's stimulating guidance. However, no tribute could please him more than the knowledge that the medical profession shares both his enthusiasm for seeking the causes of human disease, and hence preventing them, and his appreciation of the all-pervading influence of genetic factors. He has spared no effort in preaching his message to the medical community, both in Britain and abroad, and we hope that this book, in its turn, will contribute in a small way to Paul's scientific mission by bearing witness to his guiding philosophy, and by indicating that a multi-disciplinary approach to the study of human disease is most effective when motivated by such a genetic philosophy.

Although the subjects reviewed in this monograph span a wide field, and reflect widely differing specialities, there is little need to point out how closely interrelated they are. On several occasions the reader will notice apparent repetitions: these are the natural consequence of the links existing between the scientific interest of the members of the Unit's different sections, and not the result of editorial oversight! Since only some of Paul's friends and collaborators have had an opportunity to render a public tribute to him through the medium of this book, it would seem appropriate to mention that many others – too numerous to name – would have wished to join in this tribute. They are scientific, laboratory, secretarial and other staff of the Paediatric Research Unit, and a host of friends and collaborators from other institutions, all of whom have contributed to the establishment of the Paediatric Research Unit, and to its development and success. However, in particular, we would like to mention John Fraser Roberts, a senior member of the Unit since 1964.

It is certainly an indication of Paul's unique personality that many members of

the Unit have been associated with it for decades, and some, indeed, from its foundation in 1960, when – through the generosity of The Spastics Society – an academic research unit devoted to the study and prevention of developmental disorders was established at Guy's Hospital Medical School. Over the years, Paul has promoted a fruitful interrelationship between academic researchers and service-orientated workers, studying so many aspects of developmental disease that they cannot all be represented in one book.

We hope that this monograph will help readers to catch a glimpse of Paul Polani – the person and scientist – and that they will join us in wishing a man of such distinguished character and vision many more years of work for the advancement of paediatric research.

*(Extracted from the introduction
to a recently published monograph.)*

M.A. & F.G.

G.E.H.F.

We never called him "Geoff
or even the "Boss", but the Prof.
Professor (Biology), Emeritus later
– the only one Guy's ever had.

Perhaps after years of tempest and fears
The thing we'll remember the most, was
– his laugh!

He would chuckle and gurgle
(pipe at a dangle)

At stories he told of his past:

Cambridge, Calman, Glasgow (Kerr),
Cardiff, London – and you know where!
In London, at Guy's, this splendid fellow
Finally made his mark.

And Fellow he was, of Linnean Society,
Inst. of Biology, Zoological Soc.
– all of them welcomed him in.

Nearly twenty years ago
we witnessed the Amazon Scheme:
Malaria, Lung-fish and "things",
amid nasty, political scene.

"T'explore the Queen of Rivers
our friends will soon depart.
May sunshine bless their labours;
rich harvest cheer their heart.
And if some days are dogged
by heat or storm or showers,
May they *never* have to use their arms
– and soon return to ours!"

So I wrote, at the height of his powers:
and we all chuckled and gurgled
in those halcyon hours.

Benevolent, tolerant, but quite intolerant
of any "Admin." device:

To cut out a chap or a girl or a "person"
from entry into Guy's

Was a vice he detested
in others prone to such ways.

Not *his* way: it made his day
To admit an honest Goodfellow.

So, let's all be Seasonable,
Truthful, Reasonable,
And offer his family their due.

E. W. B.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are April 15th and May 13th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

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Introduction

After a scarcity of copy for our last two editions, this one contains a good spread of news. The Boat Club reports on its new acquisition – it is good to see that they retain such enthusiasm even during the cold season. The Hockey 1st XV were dismissed from the semi-final of the U.L. Cup by the mighty numbers of Imperial College, but only after extra-time. However, they were lucky to have attended the match at all, as the cads of Exhibition Road tried to keep them away by failing to divulge the date. Cowards! As it was, the semi-final had to be played on the morning of the final!

News is reaching me of imminent successes by our much under-publicised (their fault, not mine) Squash Club, and as the Football Club finally embark on the tour they've dreamed about since the heady days of Wilson *et al* in Germany, the next edition should make exciting reading.

But I detract from the news of the moment. Let's read it first-hand . . .

M.B.

ASSOCIATION FOOTBALL Guy's 7 Manchester M.S. 10 (not Rugby)

I have been asked to compile a report about this 17 goal thriller and associated social events, because my recall of said events is markedly worse than anyone else's and it has therefore proven difficult to incriminate any person in connection with anything that occurred, simply because I can't remember it, or them. Much of the following is either guesswork or lies.

The Manchester boys arrived the evening before the game bearing the news that they had just crucified The Cross by 9-0. This was an awe-inspiring scoreline considering our form this season, and it was clear that some radical action should be taken to prevent a repeat – off down to the Goose, to sample a firkin.

After a few jars in H.Q., the master-plan was initiated. Things went well, the opposition took to Dogbolter like rats, not realising the strong possibility of fatalities. There was much joviality and many songs, some about

sigmoidoscopies and some which were not. By booting-out time it seemed to most of us that our devious plan had been totally successful, and everybody staggered home *via* the curry house and other such establishments.

It is the above events which led up to the disturbing series of phenomena, experienced by a number of people, which we have come to know as the Great Pâté Disaster of 1983 an incident now the only notifiable disease covered by the Official Secrets Act. I can say nothing.

The next day was Sunday and a morning kick-off. Oh dear! It looked as if the master plan had backfired: a number of Guy's players were reluctant to head the ball and were groaning even more than usual.

I try not to think about the game itself. The first half was very competitive, with Guy's absorbing a lot of pressure and keeping the score down to 2-3 at half-time, thanks to the idiot Russell in goal, fine defence and animal tackling by Mark Allington and Hacker Henderson. After good work on the break by Wrecker, t'Spu t'Mellor snatched one of the goals by accident, after carefully hitting the bar with his first shot from 2 yards out. Following the interval, the game went mad with 8 goals in a 7 minute period, plus a couple of others here and there leading to the eventual scoreline of 7-10. "No Jugs" Taylor and Tim "Miss-a-Minute" Harris both got 2, but should have scored many more – I suspect a deliberate policy to avoid hat-trick beers. Skip and B.J. netted the other two. A thriller indeed, full of valuable lessons: how to pick the ball out of the net, never have a curry the night before a match, and that Brian is better than Dennis.

Team:

Russell, Rytina, Jones, Henderson, Allington, Masani, Mellor, Harris, Taylor, Jenkins, Renwick, Batterbury.

Dick F. B. Fairweather

Guy's 1 1 LSE III 1

"A point, my title for a point!", Skip may have been heard whispering as his much-defeated team embarked on its final three matches. And he was rewarded! Neil

Croucher starred and Paul Taylor scored, as Guy's, for once, played football on a flat, dry surface.

The game was keenly, and cleanly, fought between two evenly-matched sides. Despite a strong midfield and a pair of skilful, mobile forwards, hard work and encouraging teamwork at first quenched the LSE attacks and then took control of the game. Sadly, a poorly conceded goal deprived us of eventual victory.

Guy's I 1 UC III 5

Echoing reports of our early season football, I can honestly write that this scoreline obscures the actual run of play. UC III were top and we next to bottom, but despite an early setback, as Adrian Marsden fouled in his penalty area, Guy's contained all the opposition had to offer and made frequent sorties into their penalty area.

The second half also saw us concede an early goal, but with Anu Biswas in one of his rare appearances in our colours, we took the game to the opposition and were in fact superior. A scrambled goal by Skip adjusted the scoreline more fairly, but then 'keeper, Cowland, was chipped from 20m and, late on, UC scored a scrappy goal as concentration waned.

M.B.

BOAT CLUB

U.H. Regatta 1982

The build-up to the United Hospitals Regatta by all crews was carried out in as vigorous a manner as ever. Those final training sessions and agonising runs up the Tower were going to stand us in good stead for the final regatta of the winter season. The course was one of 1500m from the Ship Inn at Chiswick Bridge up to the U.L. Boat House.

The first Guy's crew in action was the Ladies' Novice IV. This gallant collection of Guy's women proved their worth in the first round by cruising home at half pressure, several lengths ahead of the opposition.

James and Williams arrived at the boathouse at 10.30 fresh from the "Death and Complications" meeting at Guy's. We had heard about the deaths and now came the complications - the St. Thomas' "England Pair" in the first round of the Open Pairs. Our boat was the "Lord Robens", a mere five weeks old. We took the second boat in the race off the start. However, we

had to be content with third place as the experience of the other two crews became too much for us. The final distances were: St. Thomas' I by 2 lengths, from St. Thomas' II, 1½ lengths ahead of Guy's I. It's early days yet as far as this fine new boat goes and much more of her and her future crews will be heard of in the future.

The Men's Novice VIII had no more luck. A last minute substitution did not help their cause. They came second in the 1st round of the Novice event beaten by a strong St. Mary's crew, who went on to win the event.

Our second success was soon to come in the 1st round of the Senior C/Junior VIII event. With our recent defeats behind us the Guy's crew went into the first round with stunning concentration. All ears strained to catch Miriam's every command. We had the better of the London crew off the start and soon were a length up. Whilst we maintained our lead, the crew were too tense and the rowing became heavy as we approached the finish, 2 lengths clear. A tough team chat was needed if we were to beat St. Mary's in the Final.

We had great hopes for the Women's Novice VIII. A strong start, plus "Foghorn" Mayes, the cox, should have reaped benefits. But the girls lost their cool. As they passed the boathouse fighting for second place, members of the 1st VIII were seriously doubting the value of women in medical education at Guy's. However, these views were not expressed to the girls when they returned to the boathouse, half of whom were bigger and stronger than the male members in question. Do not underestimate this Ladies' VIII: under the guiding hand of Sue Kennedy this crew will surely do great things in the not too distant future.

So we were left with just two crews still contesting U.H. events. The 1st VIII were getting psyched up in the bar, although one or two members seemed to be rather interested in the Ladies IV.

Once the girls had boated for their Final, the men were left for a last minute tactic talk.

The girls lined up at the start in high spirits. Cox Jan Fleming was full of words of encouragement and optimism, despite a poor start. Alas, even a good steady row could not make up the deficit and the girls came a disappointing third in their final.

So the hopes of the whole day were firmly on the shoulders of the First VIII. The

race had to be restarted after the St. Mary's stroke lost his oar off the start. The men of Guy's did not let this hassle them and went back to the starting line totally composed. Darkness had descended and so Miriam would have to be doubly skilful in the row ahead. A good start left the St. Mary's crew a length down after 200m. The Guy's crew just settled into a controlled aggressive row and eased even further ahead finishing over two lengths in the lead. The lads just could not believe it! We rowed back to the boathouse in an air of ecstasy not seen in a Guy's boat for some time. The pint tankards we received were filled to overflowing many times in the Grapes that night. The new VIII "George Houston" had been rowed to its first victory and the 1st VIII which had stayed together for the whole of the first term had renewed incentive to work hard for the Head Season to come.

Guy's 1st VIII – Winners U.H. Junior/Senior
C Event Boat "George
Houston"
1 P. Cousins
2 P. Mayes
3 M. Fleminger
4 R. Rasanayagam
5 A. James

6 C. Millson
7 A. Williams
Stroke M. Ferrari
Cox M. Scadeng

Also competed:
Mens' Novice VIII
Women's Novice VIII

Women's Novice IV
Men's Open Pair

A.J.B.J.



University of London, Head of the River Race

This was raced over the Putney to Mortlake course, on 26th February. The two Guy's crews, the 1st boat and the mixed VIII, enjoyed the support of the Club's President, Mr. James Mansie.

With Alistair Ward substituting for Paul Cousins in the 1st VIII, we boated, looking forward to a good row.

The event is a timed competition over a distance of some $4\frac{1}{4}$ miles. We started 3rd, behind St. Mary's 1st VIII, whom we were hoping to catch. Our tactics, worked

out with our coach, Mike Gleeson, were to sprint for 1 minute and then settle into a longer rhythm, with some sprinting under Hammersmith and Barnes Bridges. We had a good start and soon left the crews behind us, but St. Mary's proved elusive, and we were unable to catch them.

After the race, many oarsmen were talking about King's College 1st VIII who had passed several boats during the race. However, the results showed that the Royal Free were the fastest crew overall, and St. Mary's won the Senior C event. The Guy's 1st VIII won the Novice competition, eleven seconds in front of the King's VIII. Credit for this must lie with our Cox, Miriam Scadeng, who has never been heard to scream so loudly as when we approached the finish, encouraging the 1st VIII over those last few (and critical) yards. Congratulations to Alistair Ward whose substituting was excellent.

- 1 A. Ward
- 2 A. Lammie
- 3 M. Fleminger
- 4 R. Rasanayagam
- 5 A. James
- 6 C. Millson
- 7 A. Williams
- 8 M. Ferrari
- Cox M. Scadeng

Also, congratulations to the mixed crew, who succeeded in finishing, and not last either (quite!).

A.M.

MEN'S HOCKEY

University of London Cup Semi-final

Guy's 1st XI 2

Imperial College 1st XI 4

After much confusion, the semi-final against Imperial College was arranged for the morning of the day of the Final, the winners having to play again in the afternoon. So, at nine o'clock, all of us bar (*sic*) Ian Phipp staggered into Boland House. After a lightning fast breakfast, we set off for Motspur Park, Simon Wyeth taking the scenic route *via* Guildford.

Guy's started the match a little shakily and Imperial found the back of our net after just two minutes. But throughout the rest of the first half, Guy's had the majority of play with Brink and Wyeth dominating, the midfield. Karim and Mirch, playing together on the left side of the attack for the first

time, linked well to pose an ever increasing threat to the weakening Imperial defence. The constant Guy's pressure finally paid off when Wyeth equalised from a short corner. So the half-time whistle blew with the score at 1-1 and Guy's well on top.

Imperial started the second half strongly and quickly scored through a short corner. At this stage, the opposition threatened to run away with the game, but were withheld by some fine defensive work from Thorpe-Beeston and Lobo. With true Guy's spirit and the relentless running of Upton, we gained a short corner, from which Mirch appeared to score. However, the umpire gave a penalty and Cranston in his new brown shorts stepped up to bring the scores level again. In the last few minutes tempers ran high and Khwaja went five rounds with the Imperial skipper before winning on points.

Full-time and the scores were level, so extra-time was played. Guy's dominated from the start and looked favourites to win until an unnamed sweeper (see author for details), passed the ball to the Imperial centre forward. He ran through to put the opposition back into the lead. In the dying seconds, Cranston tee-ed the ball up nicely for another Imperial forward to leave Oastler no chance and seal a place in the Final.

Team:

N. Oastler, R. Russell, A. Lobo, A. Khwaja, G. Thorpe-Beeston, S. Wyeth, T. Brink, P. Upton, I. Cranston, M. Mirch, N. Karim.

N.B. Imperial went on to win the Final on penalties - sic.

Parrot.

SWIMMING AND WATER-POLO

"It's the sport of kings, the image of war without its guilt, and only five and twenty per cent of its danger." R. S. Surtees may not have been referring to water-polo, but he neatly summed up the atmosphere of this year's Hospitals Cup match against St. Thomas's. Fired by the determination and patriotism characteristic of all Guy's efforts on the sportsfield, and angered by the obvious desire of St. Mary's to meet the London in the final (we are grateful to St. Mary's for organising the draw), the usual motley crowd gathered at Paddington. After a hard fought match, without any appreciable refereeing, we were 11-3 down and consoling our orchidectomized captain, Dom.

Quite apart from this crippling injury, Dom has had a frustrating (*hardly surprising!* – Eds.) season with his experienced team, fresh from the victories of last year, rather resting on its laurels. After a poor start against the Westminster, an encouraging 11–0 win over one of the more challenging League sides, Westfield, pointed towards a successful combination of Dave Taylor (in the ‘Hole’ as usual) and Dom (our top scorer) in attack. Steve “loveless” Loveless and George “open goal” Nott-Bower supported from the centre, in co-operation with John “Drowner” Fleming and Sim “Atlas” Hamilton. The back door was very competently handled by Andy “Dead Dog” Dowson and the occasional Paddy Ivory, with Neil “Fingers” Roberts getting bored in goal.

The heady taste of success, however, was soon replaced by the smell of stale beer as disillusioned players attempted to forget the humiliation of a 2–2 draw with Bart’s and a thrashing from Imperial College. A draw with the London raised our hopes briefly, only to be dashed by a heavy defeat by Oxford University (fortunately without their notorious Amazon).

The Ladies, on the other hand, had an unblemished record, probably due to a great influx of new talent this season, and the opportunity to train with the men. As the Venerable Bard noticed in *As you like it* this was painfully educational for some: *“Thus men grow wiser everyday it is the first time*

that I ever heard breaking ribs was sport for Ladies.” Convincing wins against Charing Cross, Barts and St. Mary’s set them up for the U.H. Swimming Gala, which they had hopes of winning. Sadly, our much-loved mascot, Katie Godber, was absent on the day, but noisy support was provided by the cuddly Sharon Tun.

There is not adequate space to record here the many noble efforts at the Gala, though Sian Davies should be mentioned for her medal winning performance in the back-stroke and wet T-shirt events. Gill Jean got the only other medal of the evening, and was last seen legging off to the dressing rooms with it, hotly pursued by an undeserving claimant from the Middlesex. Helen “why am I doing this event” Fletcher was commendable in the breast-stroke, as were Clare Dalton and Julia Hume-Kendall in the freestyle. An amazing performance by Jenny “Malt” Skelton in the relay nearly won the Girls’ competition, but they had to be content with a close second.

The Lads did their best against strong competition (staying on late for Steve to finish the 200m freestyle), finishing 4th out of 8 hospitals. A full moon outside provided a romantic setting to the end of a very enjoyable season. We look forward to the tour to South Wales in April, and many more evenings drowned in the pool or the Bar. Finally we always welcome new members, emphasising once more that a high standard is not required.

G. N-B.

Hospital Information

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General Duties and Mr. O'Driscoll

Miss G. M. Traynor*

General Duties and Mr. Haskell

Miss S. M. Ginnity

General Duties and Periodontology and Preventive Dentistry

J. Hussain

General Duties and Oral Immunology and Microbiology

Miss I. A. Lord

Orthodontics and Dentistry for Children

(W. D. Griffiths
(B. J. P. Kosasih

Conservative Dental Surgery

C. R. White

Prosthetic Dentistry

(S. T. Barnett
(Miss A. Walisiewicz
(N. Meredith

General Duties and Conservative and Dental Surgery & Oral Surgery

(M. P. Ruprecht
(Miss S. E. Alexander
(N. Meredith
A. J. Ireland

* RESIDENTS

DIETETIC DEPARTMENT

Students Accepted for Practical Training
1983-1984

University of London Postgraduate Diploma in Dietetics

Miss Carolyn Summerbell

B.Sc. London (Nutrition)

Miss Ruth Carefoot

B.Sc. London (Nutrition)

University of Surrey B.Sc. (Hons in Nutrition)

Miss Jacqueline Bean

Miss Elizabeth Davy

Miss Farhat Sheikh

Miss Amanda Sims

Leeds Polytechnic B.Sc. (Hons. in Dietetics)

Mr. Christopher Bell

Leeds Polytechnic - Post Graduate Diploma in Dietetics

Miss Paula Noble

B.Sc. Coventry (Applied Biology)

Miss Jane Stuart-Cox

B.Sc. Oxford (Biology, Food
Science and Nutrition)

South Glamorgan Institute of Higher Education B.Sc. (Hons. in Dietetics)

Miss Sharon Anderson

PASS LIST

UNIVERSITY OF LONDON

Ph.D. - Science

T. Padayachee (Biophysics)

M.D.

Ms N. M. Eiser

M.S.

C. A. Akle

GUY'S SCHOOL OF DENTAL HYGIENE

General Dental Council Certificate of Proficiency in Dental Hygiene 1982

March

Miss Catherine Cattell

Miss Denise Clark

Miss Susan Douglas-Hill

Miss Sara Evans

Ms. Tina Harris

Miss Katharine Hobbiss

Miss Christine House

Mrs. Susan Hull

Miss Wendy Smith

Miss Hilary Sexton

Miss Barbara Williams

September

Miss Julie Baden-Powell-Jones

Miss Martina Burns

Miss Judith Cox

Miss Joyce Finnemore

Miss Angela Lane

Mrs. Patricia Losada

Miss Patricia Milner

Mrs. Audrey O'Sullivan

Mrs. Karen Phillipson

Miss Diane Thompson

Mrs. Dorothy Woods

Mrs. Pamela Woolford

British Dental Hygienists' Association Tutor's Prize

Mrs. Susan Hull

Miss Judith Cox

Hu Friedy Scaling Prize

Miss Katharine Hobbiss

Mrs. Pamela Woolford

Oral B Prize

Miss Wendy Smith

Miss Joyce Finnemore

DENTAL HOUSE SURGEON APPOINTMENTS

These recommendations have been made to the Clinical Superintendent for the appointment of Dental House Surgeons for the period from 1st February 1983 until the 31st July 1983.

General Duties and Mr. Bret Day

S. R. G. Shaw*

General Duties and Mr. Gibb

J. C. Martin*

CHANGE OF ADDRESS

CRABBE—WA, MD, FRCS, FACS, 4 Fourways Drive, Chumleigh, Devon, EX18 7AZ.

MILLER—TDV, BDS, 31 Blackshaw Close, Mossley, Congleton, Cheshire.

LAWRIE—Mr. Rex Lawrie, M.D., M.S., F.R.C.S., F.R.C.P., and Dr. Jean Lawrie, C.B.E., have completed their assignment in Brunei and have returned to Little Mote, Eynsford, Dartford, Kent, DA4 0AA, phone 0322 86 2197.

HALL—David and Felicity (née Awde) have moved to Stroud Lodge, New North Road, Exeter, Devon. Phone: Exeter 32478.

PERSONAL

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An examination of the recent commentaries published in the *British Medical Journal* on the subject of medical student intake must leave many thoughtful members of the profession bereft of much hope for full medical employment within the next twenty years.

In the *B.M.J.* of March 12th, 1983, is published a transcription of the B.M.A. Council's ruminations on a dauntingly pessimistic paper presented to Council by Mr. David Bolt. Although based on estimates, the main conclusion of Bolt's paper is that, by the year 2000, there will be 30,000 doctors who will require employment in the hospital and community services beyond the present capacity afforded by those sectors of the N.H.S. Bolt emphasised that these calculations assume that, by 2000, the average list size for an unrestricted principal G.P. would be 1,750, which is close to the General Medical Services Committee's target of 1,700. Thus, the staggering projection of 30,000 potentially unemployed doctors already presumes a considerable expansion in the number of G.P.'s, which itself demands a handsome increase in N.H.S. funding.

Historically speaking, the increase in medical student intake which was encouraged throughout the 1970's was due, in part, to the pressure exerted by the politically powerful General Medical Services Committee in its noble long-term plan of reducing the average unrestricted principal G.P.'s list size to 1,700. By 1979, the annual medical student intake stood at 3,800, and the B.M.A. adopted a policy of freezing the intake at that number – this was subsequently reaffirmed in 1980 and 1981. Since then, several disquieting factors have emerged: firstly, despite the intentions of the B.M.A., medical student intake has risen to 3,919 (1982); secondly, the government has shown little enthusiasm for implementing sufficient growth to enable an approach to the desired list size; thirdly, the government appears to have mustered its boundless capacity for procrastination, mingled with not a little complacency, in the debate over the expansion of the consultant grade.

Bolt's assumptions have been challenged by some, but the urgency and importance of the problem remain. The medical profession has before it one of the most vexed issues in its history – that of preventing a gross devaluation of its standing through large-scale unemployment. Sadly, many of its number are uninterested and ignorant of the apparent prognosis, let alone the aetiology and the speculative treatment. It is to be hoped that the initiative of the B.M.A. will not be diluted by the myriad centrifugal opinions which may threaten its potency. Now that the 'writing on the wall' represents more than a vague suggestion of unease, the time has come for a direct challenge to government to commit itself to N.H.S. growth, to establish a rational policy for retirement and career training, to delineate terms regarding overseas doctors, to undertake sensible debate regarding part-time medical employment, and to explore every means of controlling and, if necessary, reducing the medical student intake.

A subscription to the B.M.A. represents an individual commitment which demands a bold approach from the Association; affiliation to the Royal Colleges requires something of them as well. The time is ripe for debate and action, before the fruit of a generation's intellect decays in the despondency of the dole queue.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are May 11th and June 15th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

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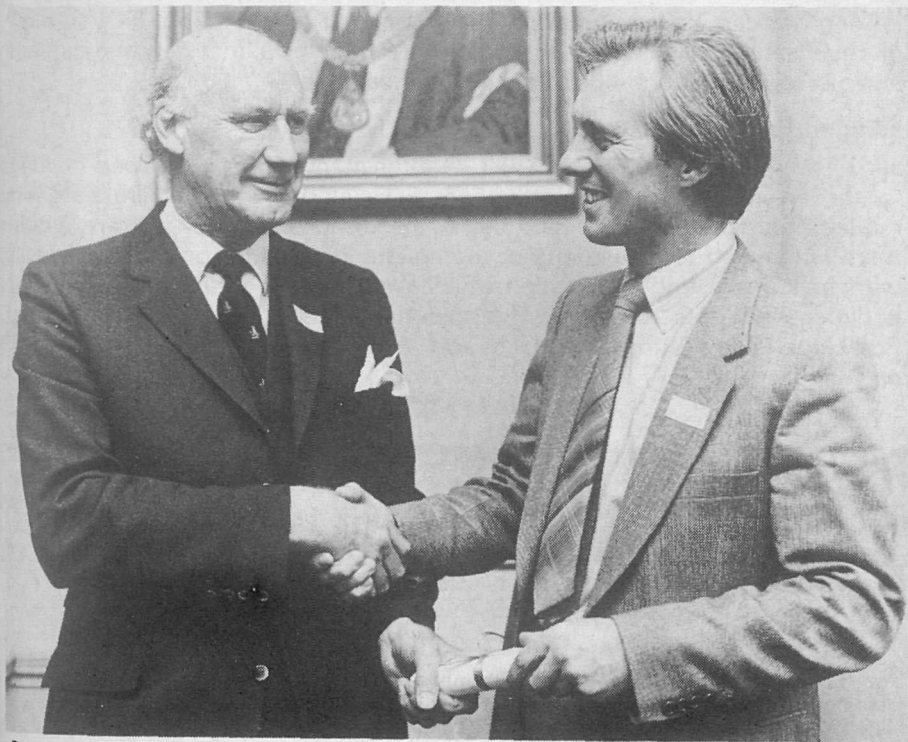
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Editorial Hot Seat

On the evening of Tuesday, March 29th, the *Gazette* office was smitten by a fire which destroyed a small quantity of books and papers, and caused considerable smoke damage to the fabric of the office. Thanks to the swift action of the security and fire officers, the fire was rapidly extinguished and further damage thereby prevented. The office has now been completely redecorated and recarpeted and our business has resumed. We apologise to our readers for delays in replying to correspondence and acknowledging copy.

I.C.I. Computer Fellow

Our heartiest congratulations are extended to Dr. Norman Stoddart, who has recently been appointed the I.C.I. Computer Fellow to the Royal College of General Practitioners. Dr. Stoddart (Guy's 1956-61) is available to advise all general practitioners on the use of computers in medical practice and may be contacted at the R.C.G.P. at 14 Princes Gate, Hyde Park, London, SW7 1PU; telephone: 01-581 3232.



Dr. Norman Stoddart (Guy's 1961-66) receives the scroll of his new appointment as I.C.I. Computer Fellow to the Royal College of General Practitioners from the President, Dr. John Lawson.

Erratum

We are grateful to Dr. C. W. Taylor for pointing out an error in the caption to the front cover of the February *Gazette*. We incorrectly identified the gentleman portrayed as Dr. Golding-Bird Senior. It is, in fact, that of his eminent son, Cuthbert Golding-Bird, who was on the staff of Guy's for thirty-three years, formerly as Assistant Surgeon, latterly as Senior Surgeon.

Front Cover

This month's front cover depicts a portrait of Thomas Guy, executed in ivory by David Le Marchand, which is housed in the Victoria and Albert Museum.

Post-Coding your cycle

As a result of the considerable number of bicycle thefts which occur each year within the precincts of Guy's, the local constabulary is offering to stamp bicycle frames with the post-code pertaining to the owner's address. All bicycle owners who regularly, or occasionally, park their cycles in Guy's are *strongly urged* to take their bicycles to Southwark Police Station, in Trio Place, between the hours of 8 a.m. and 8 p.m. on any day in the week commencing Monday, May 9th. *Don't forget to record your precise post-code* before going along. May we take this opportunity of reminding all bicycle owners of the sheer stupidity of "securing" your bicycle with *inadequate* locking devices. You are strongly recommended to invest in a "Kryptonite", or equivalent, device, which are the only security locks that defy the dubious, and often expert, attentions of the experienced thief.

Winged Fellowship Trust

The Winged Fellowship Trust has, for many years, organised holidays for the severely disabled in Nottingham, Essex and Surrey. The Trust urgently requires able-bodied helpers to assist the disabled holiday-makers. Volunteers are invited to attend one of the holiday centres for one or two weeks, with free board and lodging provided. Any persons prepared to help this noble cause in this way are invited to contact The Winged Fellowship Trust, 2nd Floor, 64/66 Oxford Street, London, W1N 0AL; telephone: 01-636 5575 or 5886.

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Guy's Hospital Cricket Club

The following fixtures have been arranged:

FIRST ELEVEN

<i>Date</i>	<i>Opponents</i>	<i>Time</i>	<i>Grd.</i>
APRIL			
23	Beckenham	2.00	H
24	Rowan	2.00	H
27	King's College Hospital	2.30	H
30	Temple Sheen Eccentrics	2.00	H
MAY			
1	London Hospital	11.00	A
4	U.L. Cup Westfield College	2.30	A
7	Carnegie	2.00	H
8	St. Bartholomew's Hospital	11.30	A
11	Stoics	2.00	H
14	St. Mary's College	2.00	H
15	Nomads	2.00	H
21	Brixton Police	2.00	H
22	Lonsar	2.00	H
25	City of London GPO	2.30	H
28	Past	11.30	H
29	Dulwich Wanderers	2.00	H
JUNE			
5	St. Mary's Hospital	2.30	A*
8	Hurlingham Oddfellows	2.30	H
11	Old Lambethians	2.00	H
12	Charing Cross Hospital	2.00	H
18	Old Castletonians	2.00	H
19	Lambeth	2.00	H
25	London House	2.00	H
26	Brixton West Indians	2.00	H
JULY			
2	Gray's Inn	2.00	H
6	Brixton Police	2.30	A
9	Crofton Park	2.00	H
10	Catford	2.00	H
16	Old Citizens	2.00	H
SUSSEX TOUR			
JULY			
31	Bognor	2.00	A
AUGUST			
2	Brighton Hospitals	2.00	A
3	Middleton	2.00	A

† UH Cup fixtures to be arranged

* Provisional

Science Club

The Science Club are holding the following lecture meetings in the Harris Physiology Theatre in the Medical School:

Wednesday, May 4th at 2 p.m.; "Clinical and Molecular aspects of

haemophilia B — Christmas Disease" — Dr. R. Mibashan of King's College Medical School; Dr. F. Giannelli of Guy's Hospital Paediatric Research Unit.

Wednesday, June 8th at 4 p.m.; "Can Genetic Linkage be useful in Clinical diagnosis?" — Professor M. Bobrow of Guy's Hospital Paediatric Research Unit.

The 200 Wine Club

For the past few years, Guy's R.F.C. has been raising funds by running a club which holds a draw every month, for prizes of vintage wine. Members of the club are automatically included in each draw for an annual subscription of £12. This has proved most popular and we are hoping to increase the membership with an aim to award a greater number of prizes. Anyone wishing to join the 200 club should contact: David McGuckin, via Floor 24, Guy's Tower.

The winners in March (of a case of wine each) were: W. Hogan and H. Williams.

Words into Action

Health Students for Nuclear Disarmament — a recently formed organisation for health students and trainees — held its first national conference at the University of London Union in Malet Street. Over sixty delegates arrived from all over the country to participate in a day of lectures and workshops organised around the theme of the title — "Words into Action".

The past vicissitudes of the peace movement formed the basis of an excellent talk by Peter Cadogan (Secretary to the East-West Peace People and member of the National Peace Council) which followed. Having been intimately involved with the disarmament movement since the late 1950's, his account of the politics of disarmament was both insightful and inspiring.

In the workshops which followed lunch, various experts led discussions in topics covering the use of the media, the organisation of non-violent direct action, answering questions about unilateralism and how to organise action in hospitals.

DATES FROM THE MEDICAL DIARY

April

Mon. 25—SUMMER TERM BEGINS.

Wed. 27—Examination for the Hopkins prizes in Anaesthetics begins.

May

Mon. 2—Bank Holiday.

Mon. 30—Bank Holiday.

June

Mon. 6—MB BS Examinations begin this week.
—MB BChir (Cambridge) examinations may begin.

DATES FROM THE DENTAL DIARY

April

Mon. 25—SUMMER TERM BEGINS.

Wed. 29—Examination for Hopkins Prizes begins.

Fri. 29—Applications close for the Second B.D.S. (June) Examination.

May

Mon. 2—BANK HOLIDAY

Mon. 9—Final L.D.S. Examination, Part I begins.

Fri. 13—Entries close for the David Frank Sturdee Prize in Prosthetic Dentistry and the Properties of Dental Materials.

Mon. 16—First L.D.S. Examination begins.

Tues. 24—Final L.D.S. Examination, Part III begins.

Mon. 30—BANK HOLIDAY

Tues. 31—The Malleson Prize for Dental Students Research — reports must be submitted not later than this date.

June

Wed. 1—Written paper for the David Frank Sturdee Prize in Prosthetic Dentistry and the Properties of Dental Materials.

Obituary

C. A. Nelson Hicks, M.R.C.S., L.R.C.P.

Dr. C. A. Nelson Hicks ("Jim" to his friends) died on 27th March, 1983. He qualified at Guy's in 1927 and practiced in Huntingdon until the mid '70s.

His Father, a Guy's man, was the doctor in Huntingdon where Jim was born. As a boy, he used to help "the Governor" in the surgery by holding bowls and passing instruments, so it was inevitable that he should come to Guy's after completing his earlier education at Epsom College.

At Guy's, he was a member of the Innominate Club, and, apart from riding his motorcycle through the Colonnade, he won a wager that he could not ride his motor bike from Guy's to Huntingdon without touching the handlebars. He qualified M.R.C.S., L.R.C.P. in 1927 and took a practice in Sheppey, at the Eastchurch end of the Isle. He practiced there for twenty years until 1947, when he returned to Huntingdon to help his father.

Dr. Hicks (senior) died suddenly in 1952 and Jim continued the practice with assistants and, later, partners. He was an active, energetic general practitioner of the old school. He was quick to embrace modern advances for the benefit of his patients to whom he was devoted, but would not suffer fools gladly. He took great pleasure in his duties as Medical Officer to the Huntingdon Steeplechases where he never missed a meeting in thirty years; indeed, it was the last of his appointments that he relinquished as ill health weakened him. His long illness was born with characteristic understatement and his dry wit was with him to the end.

His wife, Lavender, survives him and to her, deepest sympathy is extended.

K. R. S.

Clubs' Union News

I am writing this shortly after having arrived back from the Medical Student Societies' Information Service (M.S.S.I.S.) conference in Glasgow. These conferences are sponsored by the M.D.U. and are designed to collect and disseminate useful information amongst the various medical schools. All but three of the British schools were in attendance and in among the various discos, informal chat sessions in the bar(!) and choruses of "We're all going on a sigmoidoscopy", there were some very informative talks. John Edwards gave a dissertation on shops and the National Purchasing Consortium; Roger Matthews gained many tips about first year dinners, and Astrid picked up some useful money-raising ideas. There was also much debate about student

assistantships, clinical grants and the proposed student loan system, as well as electives in South Africa. In addition, the conference provided an ideal opportunity to get to know our Union counterparts from other colleges – and that can only help in setting up better communications, and hence more efficient running of Guy's Union.

Hopefully, the Clubs' Union Newsletter has helped to improve communication within Guy's itself and your comments about such schemes are always welcome. The Snowflake questionnaire certainly stimulated much discussion and full results of the pole will be published in the next *Gazette*, as the preclinical students have not yet been circularized. Such questionnaires would seem to be the most democratic way of assessing student opinion at Guy's, and there may be more in the pipeline – the Bar being one of the subjects which readily springs to mind – so look out for more details!

The Summer Festival at Honor Oak Park is now approximately a month away – June 4th is the big day. Entrance will be by programme, £1 in advance and £1.20 on the door. The usual team events will be taking place and will be organized by the following:

5-a-side football (men's and ladies') – Mark Batterbury
Mixed Doubles Tennis – Naresh Joshi
Mini Marathon – Mick Martin
Obstacle race/It's a Knockout – Mike Hackett

In addition, there will be a Tug-of-War and a number of sideshows organized by the other various sports clubs – so find out what your club is doing and get involved! It's a great way of earning some money for your club. We also hope to be arranging a croquet lawn and other exciting new features(!), so watch out for details. Remember: please contact myself or any of your club representatives if you wish to help in any way.

Now that the traumas of BMS Part II are out of the way, Astrid and the rest of her team will be putting themselves to the task of arranging the social events for the Summer Term. Due to exams, the social life may be a little less hectic than usual – but don't let yourselves get *too* submerged in work! Everyone needs an escape from revision, so please try to join in as much as possible. Any clubs wanting to organize hops, please contact Astrid.

One event which is always good value for money is the Medical Students' 3-legged sponsored race, organized by Nottingham Medical School. This year the target is Paris, the starting point Nottingham. The event will take place from June 16th – 19th inclusive and entry per couple is £40, to cover ferries and coach fare, and accommodation in Paris. In addition, entrants must raise £40 each of sponsorship and entry will be limited, so it'll be first come, first served. The coordinator at Guy's is Chris Barry.

And so to the end of quite a long report. Let me finish by wishing everybody (particularly the final year) good luck with their exams. It seems that, as the exams draw near, the number of staff available to work the bar and the shop drops dramatically – so if you can be of assistance, let us know: then we can keep things running for the working members of the Union. Good luck!

Simon Ward

"The Boy Friend"

Reviewed by David Brown

An academic institution like Guy's has, lurking beneath the public face of its student body, a great abundance of untapped talent awaiting the call. On some occasions, a leader emerges to act as a catalyst to awaken these dormant talents and create a club or society, whose performance either on the field, the estuary or, in this case the boards, excels. In the case of Guy's Hospital Gilbert and Sullivan Society, such a catalyst is Adam Searle. When Adam was a dental student, he managed to fire the enthusiasm of his contemporaries as the musical director of such long-remembered performances of G. and S's "*Ruddigore*" and "*The Pirates of Penzance*", and then "*Salad Days*". Now Adam has his sights on a medical degree and he is surrounded by a new group of students. However, the enthusiasm with which he has infected them is no less strong, and experiences learned in the earlier productions have borne fruit in the quite unforgettable performances of Sandy Wilson's "*The Boy Friend*", which he both produced and directed in the Harris Physiology Lecture Theatre in the Medical School from Tuesday 22nd to Thursday 24th March, 1983. Previous recent productions by the Society had always been on the Greenwood "acres" and one might be excused for imagining that a musical, with its attendant dance routines, might prove impossible on the attractive, but relatively small, stage of the newly-furbished Harris Physiology Theatre. But, rather than detracting, the intimacy of the stage with the audience and some brilliantly controlled and executed choreography by the director actually enhanced the capacity audiences' appreciation of the story line and the flawless performances.



Actor, producer and director, Adam Searle, shows the audience how to "do the Riviera"
(Photo: David Muiry).

One often goes to student productions prepared to forgive weaknesses of the cast, the staging, the lighting and the costumes, but there was *nothing* to forgive in this production. Even visitors from outside Guy's could be overheard after the performances praising the professionalism of the whole show. The piece is ideally suited to a young cast and, without exception, all delivered convincing performances with tremendous zest. Amongst the constellation of stars gathered together on this occasion was Georgie Rhys-



Seiffy Shaheen, playing Tony Brockhurst, and Georgie Rhys-Lewis, playing Polly Browne, singing the romantic duet: "I could be happy with you". (Photo: David Muir).

Lewis, who, as Polly Browne, combined just the right mixture of innocence and pathos with a splendid vocal range. Her *beau*, Tony Brockhurst, played by Seiffy Shaheen, was equally endearing and his own singing voice and choreographic competence matched Georgie's exactly. The young pupils of Mme. Dubonnet's Finishing School were played with great sauciness by Marion Steiner, Jane McGregor, Ann Tuddenham, Fiona Hayes and Clare Hyslop. Their boy friends were dynamically portrayed by Adam Searle, Peter Twomey, David de Berker, Simon Petrides, David O'Brart and Adrian James.



Juliet Goff, as Hortense, leads the singing of: "It's nicer, much nicer, in Nice!" (Photo: David Muiry).

The middle-aged characters in the play were most successfully taken by Katie Barrett as Madame Dubonnet and Bob Taylor as Percival Browne. A special mention must be made of Juliet Goff, who played Hortense – a French maid and go-between. Juliet also led the team of costume designers and creators, and the costumes were quite magnificent and added tremendously to the overall effect. Two of the most difficult characters to perform must have been Lord and Lady Brockhurst, who, in the Autumn of their lives, still liked the occasional fling. They were most successfully played by John Edwards and Rachel Jackson respectively. All through the performance it was impossible to believe that they were only young underneath, so convincing was their acting.

A musical of this type is nothing unless the music is sensitively performed, and this it was by Andrew Naylor on the piano. The standard and volume of his playing, with just a hint of percussion behind it, was just right for the particular environment of the Harris Theatre.

Stage management was under the control of Sarah Wollaston, and set design and construction was by Charles Clemetson and other members of the cast. Nothing, but nothing, could be said against this performance, except that it has been rather long gestating. Let us hope that we do not have to wait as long for the next work by this talented group.

The Foul Tongue: A 19th Century Index of Disease

by John S. Haller

Part 2

In addition to inspection of the surface, edges and colour of the tongue, some physicians also recommended an examination of the lingual veins for signs of vascular change in the system. In elderly persons, the ranine and lingual veins were especially dilated and varicose and easily observable when a patient placed the tip of the tongue against the upper incisor teeth. Vascular changes in the encephalon were liable to occur when there was evidence of a varicose state of the linguals. *"The lingual vein being a branch of the internal jugular,"* wrote Dickson in 1885, *"will indicate the state of the blood-current in it, and so will approximate to the state of the brain-sinuses, the veins of Galen, and indeed, the whole intracranial venous system. Distension and varicosity of the linguals will become associated with passive congestion in them, precisely the conditions in which thrombotic and haemorrhagic lesions are apt to occur."*¹³ Although the capillaries of the nose, lips and ears gave similar clues to the state of circulation in the head, Dickson believed that the lingual vein was a much more precise indicator. He concluded that the condition of the linguals was of great diagnostic value, as careful observation would give clues to the state of the entire jugular system.¹³⁻¹⁵

While many sceptics were reluctant to accept the excessive enthusiasm of Ridge and Dickson,^{8, 13} there were those who did acknowledge the possibility of determining the "state" or "condition" of disease by the tongue's appearance. Dickinson¹⁶ (1832 to 1913) of Brighton, senior physician to St. George's Hospital, came closest to approximating laws for understanding the tongue when he suggested, in 1883, that the tongue was really an index of constitutional states rather than of individual diseases. He dismissed the claims of Ridge who had insisted that the tongue presented *"a map of the empire of disease"*, with each section of the tongue reflective of specific body organs or functions. The tongue, he argued, had no local significance and seldom, if ever, pointed to single organs or isolated disorders; rather, the character of the tongue was a *"gauge of the effects of disease upon the system"*. The kind and character of disease required reference to other available signs.¹⁶ (p.730)

Dickinson, who owed much of his research to the labours of Jonathan Hutchinson, surgeon to the London Hospital and professor of surgery at the Royal College of Surgeons, to Sweeting and Armstrong of the Western Fever Hospital and to Collie of the Eastern Fever Hospital, suggested the following categories as characteristic states of the tongue in disease.

Stippled or Dotted Tongue. This condition, known by its excessive coat or fur that, rather than uniformly spread across the tongue, was displayed only on the points of the papillae, signalled one of the early morbid changes occurring in disease.

Stippled and Coated Tongue. This condition, identifiable by a white accumulation on the papillae and a dotted character about the anterior and lateral parts, was common in chronic diseases and acute constitutional infections and was usually accompanied by increased pyrexia and prostration.

Coated Tongue. Marked by a continuous coat over the greater part of the dorsum, this tongue type was common in cases of pneumonia, pleurisy and typhoid when pyrexia and prostration were on the ascent. If the coated tongue thinned off "*with a shelving edge*", exposing a moist and natural surface, the prognosis was for the restoration of health. If the coating broke away in flakes displaying a reddened and dry surface, the change was a sign "*of more serious import*".

Strawberry Tongue. This striking condition commonly associated with acute febrile diseases such as pneumonia, typhoid and perityphlitis, was also a pathognomonic symptom of scarlet fever.

Plastered Tongue. This classification was considered a variety of the coated tongue and a sign of acute febrile disease, deficient saliva and prostration. It was also evidence of the seriousness of a patient's condition and a signal to an attending physician that a patient was not responding to treatment.

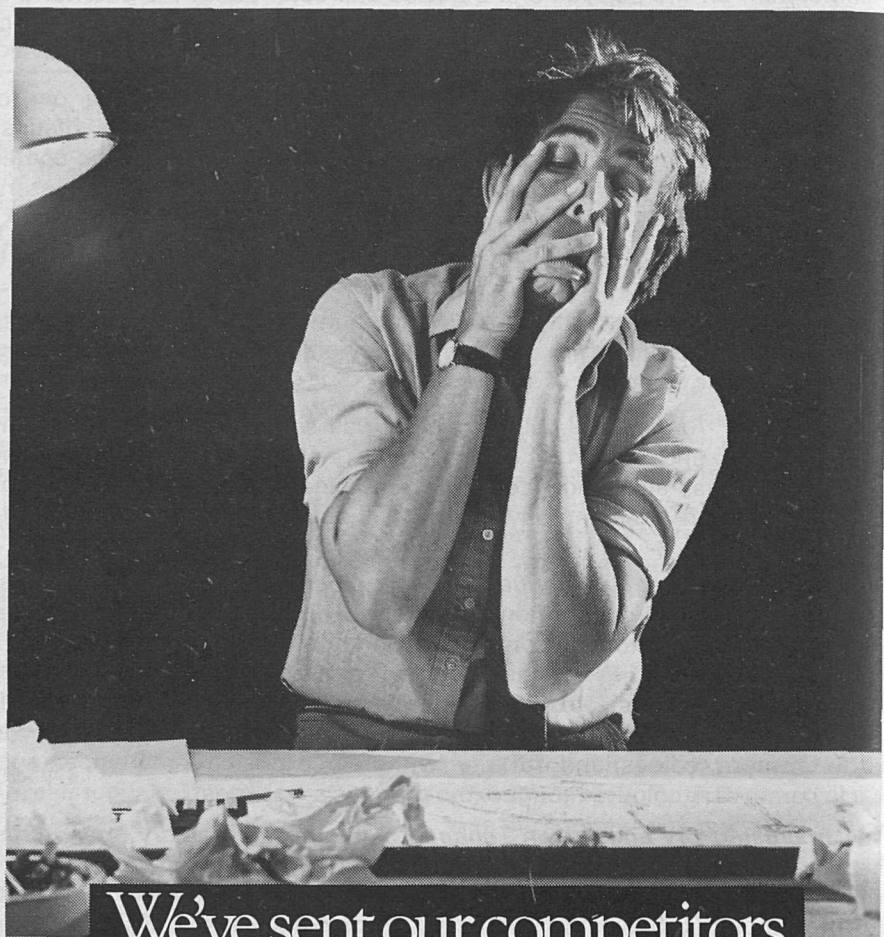
Furred or Shaggy Tongue. This condition, common among those suffering from a lack of nutrition and vital power, was identified when the papillae of the coated tongue continued to lengthen, giving a semblance of "*a coarse pile-like plush*". When the fur began to recede from the tip and edges of the tongue, doctors looked for a rapid recovery. When it separated in flakes and patches, leaving a smooth, red glossy surface, convalescence was apt to be more tedious; and if the fur withdrew, exposing a raw appearance or a fissured, dark coloured tongue, the prognosis was most unfavourable.

Encrusted Dry and Brown Tongue. Characterised by a dry brown crust that was broken and fissured and that covered the tongue and concealed the papillae, this condition was a sign of protracted fever requiring immediate use of stimulants. It was so characteristic of typhus that physicians often referred to the condition as the "*typhoid tongue*". When accompanied by low fever, it was typical in cases of abdominal cancer, advanced phthisis, albuminuria, syphilitic mania, diarrhoea, alcoholism and coma.

Bare, Red and Dry Tongue. This classification, along with the red, smooth and dry tongue, marked a later stage of the encrusted dry and brown tongue and implied failing nutrition, deficient saliva and, unless there was resumption of natural moisture, was judged to have an unfortunate prognosis. Of the 30 cases that Dickinson observed at St. George's Hospital, 16 ended in death.

Cyanosis or Venous Congestion of the Tongue. This type was characterised by a deep epithelium, a bluish or purple colour and a smooth slippery surface and was common among patients suffering from heart diseases.

Along with the pulse and thermometer, Dickinson considered these classifications significant indexes to the bodily constitution. Clinically, he



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wrote, the tongue always spoke the truth "*and in a language which is not foreign to the experienced physician*". Conditions of fever and nutrition, the state of the nervous system and vital secretions and the failure of vitality were all apparent in the state of the tongue. Whether the disease was getting the better of the patient or the patient the better of the disease – both were discernible to the educated eye. "*The clinical value of the tongue,*" he concluded, "*largely depends on the number of interests it represents; those are more or less mingled in its indications, and the impression they convey is a combined one, but it is none the less valuable because . . . it gives to a glance what otherwise could only be learned by detailed inquiry.*"¹⁶ (p.730), 17

Not all doctors who wrote on diagnostic assessment of the tongue were as supportive as Dickinson and the disciples of Ridge. Hardin,¹⁸ writing in *Langsdale's Lancet* in 1898, for example, was convinced that much of the "*pretended knowledge of the tongue in the past has been an idle dream.*" While not wishing to deprecate the work of Dickinson, who had emphasised a thorough clinical approach, Hardin was convinced that most physicians who advocated the tongue as a diagnostic indicator did so without sufficient care or thoroughness. The age demanded skilful diagnostics, which meant the "*power to differentiate between a coating of the tongue produced by sleeping with an open mouth, and one produced by severe illness.*" As far as Hardin was concerned, not all those who drew their medical wisdom from the tongue were that discerning. He concluded that if practitioners relied on the tongue as a guide to clinical diagnosis then it had not served this purpose; if viewed as "*an outer index to changes beyond their sight,*" the tongue had not been used with much accuracy by those who advocated its use the most.

Clearly, Hardin admitted, the tongue "*stands at the gateway of the alimentary tract, and by continuity of structure to the tissues below, causes it to partake, to a degree at least, of many of the morbid processes*" affecting those organs. Nevertheless, doctors would gain greater knowledge of disease if they pursued the study of the nervous system rather than the tongue. The nervous system was the "presiding officer" of heat formation, heat regulation, distribution, elimination and glandular secretion. That system, rather than the tongue, was the key to more accurate diagnosis and prognosis. When doctors learned how to assess the nervous system, and especially when they learned how to regulate it through appropriate pharmacotherapeutics, medical science would have advanced further toward an understanding of health and disease than through any like effort to understand the varieties of tongues.¹⁸

Although practitioners in the early years of the 20th century chose to rely more heavily on instrumentation, semeiology of the tongue was not without its advocates. For Christenbery,¹⁹ writing in the *Tennessee Medical Association* in 1911, the tongue remained an important index to the body's internal workings, especially the intestinal tract. Jones²⁰ of Buffalo was also a confirmed believer in the diagnostic attributes of the tongue. Whereas some doctors thought it necessary to examine the urine and faeces to determine whether patients were digesting their food, Jones

relies on his observation of the tongue that "would tell him at once the condition of the patient's stomach." A thick pasty-white or dirty-white coating was a signal that the system was in need of alkaline salts, a broad pallid tongue with a white pasty coating, called for bicarbonate of soda and a deep red mucous membrane and brown coating was a sign that the system was in need of acids. "When we know how to read the eye, pulse and tongue of a patient intelligently," Jones concluded, "it is ten times as easy to prescribe for the sick, and it enables a doctor to get right at the real condition of a sick person."²⁰

In part, those physicians in the early 20th century who advocated a greater use of the tongue in diagnosis did so from a concern that medical practice had fallen on evil times. As one physician explained it, "a wave of therapeutic pessimism" had settled on medicine as physicians felt less sure of their own accuracy of observation and ability to reason correctly. Choosing to rely almost entirely on laboratory tests and instrumentation, physicians appeared to have forfeited sound judgment and the evidence that a keen clinical eye could discern.²¹⁻²³

This reasoning notwithstanding, semeiology of the tongue remained in the backwaters of 20th century medical practice. Although an aid in diagnosis, it was of inconsistent value, as many physicians readily admitted. Shackleford²⁴ remarked that the colour and texture of the tongue were "helpful confirmatory evidence" in some gastro-intestinal disturbances. Nevertheless, there were simply too many causes for a discoloration of the tongue – from drugs, dyes and haemorrhage to jaundice, tobacco, blueberries and scarlet fever. It was just too difficult to separate the various conditions of the tongue with any degree of precision to allow for exact diagnosis, treatment and prognosis.

Although semeiology of the tongue was, in some of its aspects, almost as old as medicine itself, in other respects it dates with the stethoscope and thermometer; only in the 19th century did the condition of the tongue become the subject of extensive clinical research. The knowledge that physicians drew upon to make the tongue an index in the diagnosis, treatment and prognosis of disease was, however, for the most part unwritten and loosely explained. Conclusions drawn from its signs were often little more than mischievous dogmatisms built on precarious revelations having little basis in fact. While vast experiences had accumulated over the ages to contribute to the wisdom of physicians, those few attempts made to analyse or otherwise deduce laws on semeiology of the tongue were too little and too late.

Overall, physicians preferred the stethoscope, ophthalmoscope, sphygmograph, thermometer and tests of urine and blood in clarifying diagnosis, treatment and prognosis. Those few who continued to advocate diagnostic assessment by use of the tongue admitted that the condition of the tongue could not be considered a primary index to the pathologic condition of any particular organ, though changes in it could be viewed as an indicator to the degree of seriousness in a given illness. By itself, however, the tongue was an inappropriate source of diagnosis or even prognosis; only in connection with

other signs, and recognising that the tongue was subject to varied modifications independent of disease, could a physician rightfully consider its significance – both clinical and pathologic.

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Descriptions adapted from Benjamin Ridge's *Glossology, or the Additional Means of Diagnosis of Disease to be derived from Indications and Appearances of the Tongue*^B (Courtesy of the National Library of Medicine).

- A. The rugae, or serrated edges of the tongue occurring in congestion of the membranes of the brain, the effects of which are headaches, vertigo, etc.
- B. The wide or rheumatic tongue. The dotted line shows the natural size of the organ.
- C. The pointed tongue of fever and inflammation. The dotted line shows the natural size of the organ.
- D. The longitudinally fissured tongue, indicating dilation of the heart and effects of irregular circulation of the currents of the blood. The longitudinally dotted lines show the situation of these fissures: the circular dotted lines show the natural size of the organ.
- E. The longitudinally and transversely chapped, fissured and sulcated tongue, indicating dilation and hypertrophy of the heart and effects of irregular circulation of the currents of the blood. The longitudinal and circular dotted lines show the situation of these fissures: the circular dotted lines show also the natural size of the organ.
- F. Laws of the fouling of the tongue, from the posterior to the anterior part, from edge to edge.
- G. Laws of the cleaning of the tongue, from the anterior to the posterior part, in a more pointed cone shape than in fouling, and leaving the edges.
- H. Laws of the cleaning of each apportionment of the tongue, viz. of the edges, the laterals and centre laterals.

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Kaleidoscope

by Timothy Houlding

In the first part of this series of retrospective glimpses of the history of Guy's Hospital, published in the March *Gazette*, we examined a selection of impressions of the architecture of the Hospital from 1725 to 1803. In this second part, the emphasis is thrust firmly in the direction of the men who assisted in the creation and development of both the fabric and reputation of the Hospital.

We begin with a man whose influence on Thomas Guy was immeasurable – Dr. Richard Mead. Arguably the most celebrated physician of the early eighteenth century, Mead had studied medicine at Leyden, and then

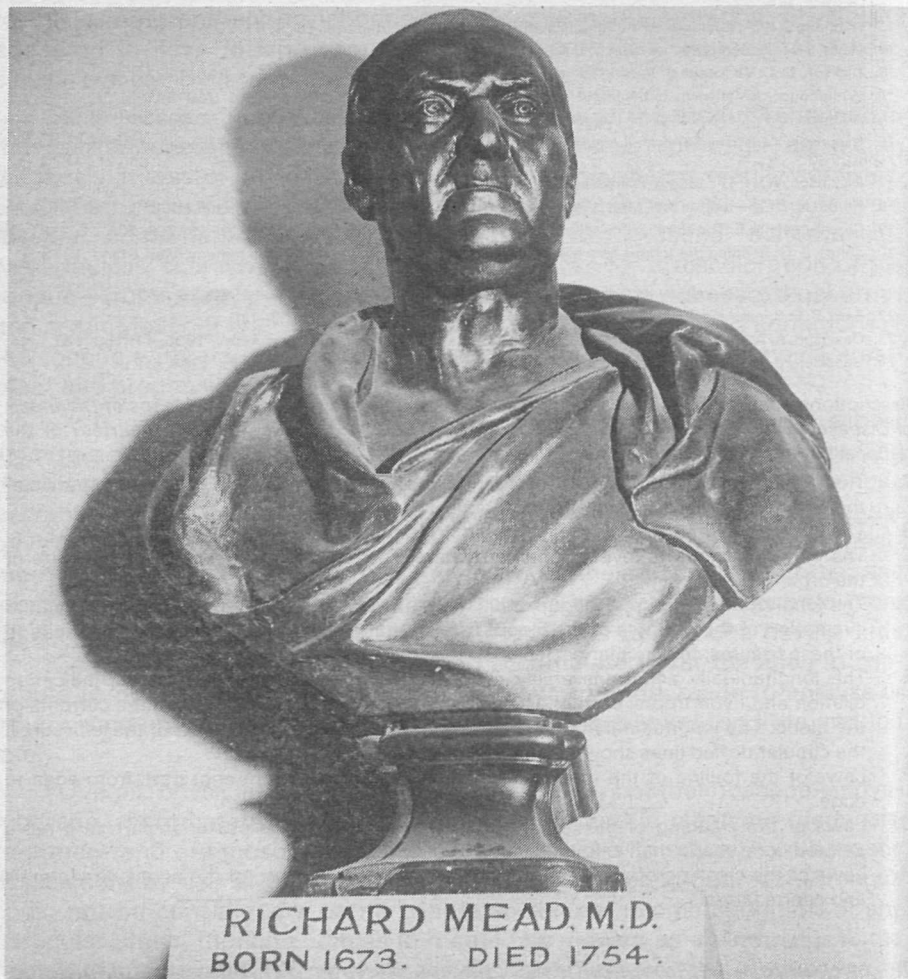


Plate 1:

Richard Mead, M.D., Physician to Thomas Guy and Governor of Guy's Hospital.

established a flourishing practice in London by extracting a fee from numerous apothecaries who consulted him over a jug in Batson's Coffee House in Cornhill. Since his advices were based on a second-hand description of the patient's diseases, some may consider his practices of dubious morality, but, in the event, Mead's friendly contact with the apothecaries did much to bridge the gulf between the apothecaries and the physicians at a time of great rivalry.

Richard Mead's friendship with Thomas Guy was forged in 1715, when, having resigned from the staff of St. Thomas's Hospital, Mead became a Governor of St. Thomas's, joining, amongst others, Thomas Guy. When Guy's wealth increased severalfold, owing to his shrewd investment in South Sea Stock, Mead was all too willing to assist Guy in the establishment of his new hospital, which Guy saw nearly to completion. Mead continued to foster the interests of the new Hospital by becoming one of its leading governors and it is to him that is owed the credit for motivating the complex machinery by which Guy's Will was ratified by Parliament.

Apart from the commanding figures of James Jurin and William Saunders, the latter part of the eighteenth century was conspicuous by its absence of great Guy's men. Saunders, a gifted and entertaining lecturer,



Plate 2:

William Saunders, M.D., 1743–1817.

was, however, to be the harbinger of the golden period of the first half of the nineteenth century, wherein the reputation of the Hospital rose to unsurpassed heights. During his thirty-two years as Physician to Guy's Hospital (1770-1802), Saunders was to witness the emergence of William Babington, who succeeded him, and Astley Paston Cooper, who was elected to the staff in 1800. Interestingly, both Saunders and Cooper attended the Prince Regent, later King George IV, in the capacities of physician and surgeon, respectively. Babington was a much beloved and esteemed physician, largely because of his personal qualities. He was, however, a man of staunch science and, although he was Physician to the Hospital for only nine years, he continued his scientific pursuits after his retirement. He was elected a Fellow of the Royal Society, was founder and, in 1827, President of the Geological Society, and played an important rôle in the foundation of the Hunterian Society. On his death in 1833, a statue by Behnes was erected in his memory in the South Transept of St. Paul's Cathedral.

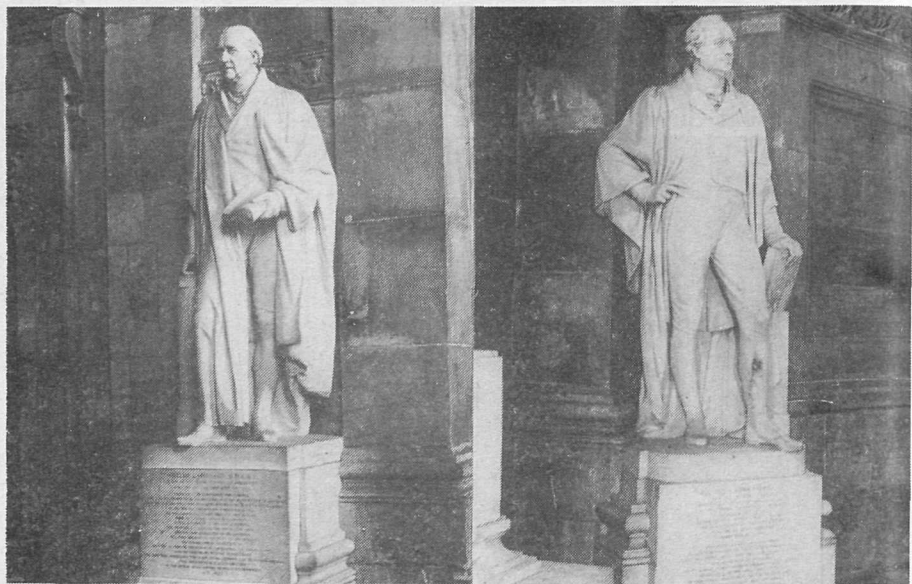


Plate 3:

The statues of Babington and Cooper erected in the South Transept of St. Paul's Cathedral.

Sir Astley Paston Cooper demands no introduction, since his influence and reputation are widely heralded. There is no question that Cooper's dextrous and, at times, bold approaches to surgery were based soundly on meticulous experimentation and dissection. Certainly he enjoyed a fashionable and affluent practice, counting King George IV, King William IV and Queen Victoria among his patients, but at no point did he relinquish his grasp of medical science. He retired from the position of Surgeon to the Hospital in 1825, but continued his association in the capacity of Consulting Surgeon to the Hospital, a post created specially for him. Cooper's reign was to mark a new era in medicine, for, during his life, he was to see figures such as Addison, Bell, Bright and Hodgkin emerging to the fore.

Krapp's Last Tape

Reviewed by Neil Deuchar

There are two sorts of people to appreciate Samuel Beckett. There are those who dig deeply into the lines and gain satisfaction from his plays only in terms of complicated explanation and subjective interpretations which would probably render the playwright rolling around on the floor in helpless mirth; on the other hand, there are others who enjoy his work simply by virtue of its aesthetic quality; the absurdity of his situations, the hopeless predicaments of his characters, the comedy of how they fail to cope with these predicaments, and, above all, the construction of the English (or French) so that lines flow from one to another with a logic that is out of place in a material world, but perfect in the artistic context of the theatre.

"Krapp's Last Tape" is a wonderful example of Beckett's art. The play presents to the audience an old man, living alone, contemplating his wasted life with the help of one of a series of tapes he has recorded as a sort of sonic diary of his existence. One gathers that he was quite a "goer" in his time; while his mother lay dying in a nursing home, the old man was busy eyeing up one of the nurses, for instance. There are tales of other conquests too, which Krapp listens to with a mixture of disgust and self adoring fascination. The tapes themselves are in the form of reminiscences, giving one a sense of times having passed long ago, and now the hero can only fill his life with obsessions such as bananas and alcohol, substitutions presumably for the physical and psychological aspects, respectively, of the man he used to be. While he maintains to himself that he loathes the image of himself which comes across from the tapes, underneath he really loves it, because it was the only thing he ever was.

Determined, however, to resolve the situation and make something of his life, he embarks on another, his last tape, but soon breaks down and reverts back to playing the tape of his good old self which has got him nowhere.

From my brief description of the plot, it is evident that Krapp is a very difficult character to portray, but Simon Haskell coped magnificently. Squeezing every morsel of expression from the golden lines, he played the part with all the gusto and sensitivity necessary to bring the old man to life before our very eyes. While, at the outset, a rather seedy, unlikeable character was presented to us, Simon achieved the delicate task of swaying our emotions to those of compassion and sympathy, so that by the last line, the old man had become a sad, lonely figure whom we all wanted to help and care for. Equal credit must also go to the director, Andy Kent, who, knowing Andy, must have guided Simon through every line and every action to achieve the desired effect. Other aspects of his direction were apparent too. The lighting achieved by a single bare light bulb above Krapp's table was extremely effective, and there was a wise choice of music at the end of the

play, promoting contemplation in those that wanted to sit for a minute after the play, digesting it.

It is interesting to note that Krapp's Last Tape is supposed to be the most autobiographical of all Beckett's plays; however, here my extension of the piece into Beckett's existentialist world ceases. Only by accepting it as a simple tale, and one might as well, can one appreciate fully the brilliance with which it is told. There are some, I know, who like to relate Krapp to God, contemplating his disastrous creation with a disappointed sigh, but this, I think, is an indication less of their pretensions to pseudo-intellectualism, but more of their lack of insight into their own lives, which could well be wasting away in much the same fashion as Krapp's did. The message for me, then, if there is one, is simply "don't waste it while you've got it".

The effort of watching it though was even simpler: pure enjoyment.

The Care of the Dying – A need for Education?

by Graham Thornicroft

This one-day conference organised in January, 1983, at St. Christopher's Hospice brought together about 80 medical students from throughout England to discuss the need for medical education on the care of the dying.

The values of the Hospice Movement

In opening the day, Dame Cicely Saunders described the values that provide the foundations of the hospice movement. Pain relief through the optimal use of analgesic, anti-inflammatory, anxiolytic and anti-emetic agents is central to proper terminal care. This is practiced within the context of continuing research into efficacy and cost-effectiveness with the aim of rigorously evaluating methods of care for the dying and passing them on through wider education. Teamwork is a practical cornerstone of the work at St. Christopher's, both at the ward level in multi-disciplinary groups, and also in the sense of co-operating with full N.H.S. facilities to provide an integrated service. Open communication with patients is continually re-affirmed as the most caring and honest method of allowing the patient and family to face and, as best they can, accept death. The patient is viewed primarily as a person, one with physical, social, spiritual and psychological needs, and the emphasis is upon the best possible quality of life for the patient as a whole. The family is included, both in the giving of information, and the sharing of responsibilities, and a current growth point in terminal care is the development of peripatetic teams supporting the terminally ill who live at home. A further innovation is the availability of a 'phone service at St. Christopher's to answer queries on pain control for the terminally ill. Dr. Saunders emphasised that these values are transferable from the specialised units into the larger

hospitals, and that when faced with a dying patient, the doctor should not retreat by saying that nothing more can be done, but should affirm that everything possible will be done to make the remainder of the patient's life pain-free, comfortable and supported.

A student's experience of teaching in terminal care

David Whittington, a medical student from Birmingham who has undertaken a study of hospices, argued that medical students are systematically taught not to become involved with their patients, and mistakenly come to believe that close personal contact is "unprofessional". He felt that hospices were not for dying, but rather for living until the end, and that the duties of the staff included following up the bereaved family after the death.

Drawing upon U.K. carcinoma mortality figures, which show that 50% of such deaths occur in hospitals, 33% at home and 8% in hospices, he saw a wider need for education of medical students of accurate terminal pain relief methods. During his elective period, he visited the Church Hospice in Baltimore, where acute and terminally ill patients share the same wards, but with a hospice-standard of care. He described also the Connecticut Hospice in New Haven, where a government funded scheme brings performing artists into the hospice to enrich the lives of the patients.

In his summary, David Whittington stressed the important rôle of the patient in teaching the doctor or medical student about their condition. He indicated that we no longer have a useful concept of a "normal death", and that, in his experience, work with the terminally ill, as well as providing a humane and compassionate service to the patient, acted for the care-giver as an important means of self-discovery.

An analysis of pain problems

Dr. Mary Baines of St. Christopher's Hospice summarised the main lessons learned from experience and research there into effective pain control. Her comments underlined what Dr. R. Twycross has described as the ten commandments of terminal pain relief:

- 1 *Thou shalt not assume that the patient's pain is due to the malignant process*
- 2 *Thou shalt try simple analgesics first*
- 3 *Thou shalt not be afraid of narcotic drugs*
- 4 *Thou shalt not prescribe inadequate amounts of any drug*
- 5 *Thou shalt not use the abbreviation PRN*
- 6 *Thou shalt take account of the patient's feelings*
- 7 *Thou shalt provide support for the whole family*
- 8 *Thou shalt not limit thy approach to drugs*
- 9 *Thou shalt not fear asking a colleague's advice*
- 10 *Thou shalt retain quiet confidence and cautious optimism.*

In clarifying widespread myths about morphine, Dr. Baines stated that in the now considerable experience of the hospice, tolerance to the drug is usually found only initially, and to a small degree, while dependence has not been encountered as a problem. Dr. Baines went on to describe the impor-

tance of the "therapeutic window" concept in maintaining an effective serum level of analgesia. She concluded that only a detailed knowledge of drug properties and usage was sufficient to meet the needs of patients with pain in terminal illness.

Dr. Barnes presented the following guide to methods of pain relief.

Cause of Pain	1st line treatment	2nd line treatment	Possible approach
Visceral	Analgesia	Low dose steroids	Block coeliac axis
Bone	Palliative X-Ray NSAID Immobilisation	± Analgesia	Nerve Block low dose steroids
Soft Tissue infiltration	Analgesia	Low dose steroids	Nerve block
Nerve Compression	Analgesia	High dose steroids	Nerve block
Deep secondary infection	Systemic antibiotics	Analgesia	Nerve block

Communicate or interview?

Dr. Tom West, the Deputy Director of St. Christopher's, introduced the difficulties of discussing the facts and implications of the illness with the patient and relatives. Using a recorded Dr./Patient interview with a typescript, he indicated the importance of proceeding cautiously in an interview, gaining an accurate view of how much the patient already knows, what exactly the patient wishes to be told, and being careful not to 'dump' information onto a patient, and so overload her or his ability to cope in understanding and interpreting such catastrophic news. He suggested that in a field without firm rules, one guideline could be to proceed in stages with a patient, from discussing a possibility, to a probability, and finally to a certainty in terms of diagnosis and prognosis.

Teamwork

In describing the team of nurse, social worker, physiotherapist and doctor of which she is a member, Dr. Mary Baines spoke of the four principles which she felt were necessary to allow proper teamwork. Firstly, the individual team members must be confident and competent in their own respective skills before they can share these with each other. Secondly, regular and fully attended meetings are a high priority not an occasional option. Thirdly, those with special skills are responsible to see that the patients who need such care do actually receive it. Fourthly, such a continuing team approach can only be sustained if the staff members are able to support each other, to share their experiences of human distress and pain with insight and warmth.

In discussing these issues towards the end of the conference, there was widespread accord among the medical students present that detailed and comprehensive teaching on the care of the dying was long overdue in medical schools. The students attending from Guy's strongly supported the current discussions of the Working Group on Care of the Dying to initiate such teaching.

A wide range of publications and offprints is available from St. Christopher's Hospice, 51-53 Laurie Park Road, Sydenham, London SE26. Visits are also arranged for health workers interested in this field. I am pleased to acknowledge the contributions of Heidi Lempp in preparing this report.

Dental Notes

by A. D. Robinson

The dental course after 2nd B.D.S. has a very large practical or clinical content, dare I say, "I'm glad to say"? It's about the care of patients. We must not forget, however, that there is a need to pass examinations and to do this it is necessary to be skilful at putting one's thoughts into words and writing them down. Consequently, the teachers in most clinical departments try to help their students by setting them essays from time to time. They, the students, probably think we do this to annoy them! This is not so in my case. It hurts me more than it hurts them! After the first one or two of a batch, reading essays is a chore.

Recently, in the crown and bridge course, rather than pick a subject out of the air, we have supplied models and x-rays and limited information about an actual patient and asked them to write a report. The idea is not new. We used to have just such an exercise as part of the final examination in orthodontics; perhaps they still do. There is no way of getting an answer to this type of exercise out of one chapter of any book. In my view, not only have these reports been much more interesting to read but they have provided a valuable feed-back indicating an encouraging degree of clinical insight and understanding. Of course, it means more preparatory work but there's always a price to pay!

The London Marathon

Many thousands of energetic people completed the 26 mile course on Sunday, 17th April. I don't know how many dentists were amongst them, but it is reasonably certain that the only consultant in Restorative Dentistry was Brian J. Smith, of Guy's, who has now run it twice. Well done!

The Dinner – Friday, 27th May, 1983

To date, I am disappointed at the relative lack of applications from Guy's women dental graduates. None of them has suggested that she would come if she could bring a non-dental escort, but I wonder if this is a problem. A few are coming, but only a few – there is still time to increase the numbers – come on ladies, if it's the children, leave them with Dad for the evening!

BDS Preclinical Revue 1983

Reviewed by D. A. Luke

The long-awaited BDS preclinical revue, which attracted disappointingly small but appreciative audiences, when performed recently as part of the Cleethorpes Festival Fringe, finally arrived at Guy's on the 18th March to sounds of barely suppressed excitement (from the cast) and the popping of brown-ale corks (from the audience). This year's title, "*Déjà revu*", clever, witty, apt and probably plagiarised, presaged a sophisticated internationally-flavoured cabaret, a promise which was amply fulfilled by many references to medical students, rugby and Wales. For students who have not yet had the experience of attending meetings of the Board of Studies in Dentistry, this form of entertainment, a fast-moving, satirical revue, must be difficult to bring off successfully. That they managed it so well is surely in large part due to their close observance of physiology practicals. Also, to some extent, of having a well-written script and an excellently-directed, enthusiastic cast overflowing with talent (is this enough to get me an invitation to their clinical revue?).

From the opening number, with an elegantly-attired chorus performing a well-rehearsed routine, it was obvious that some individual had masterminded the show and when an authoritative figure appeared in red spectacles and a flowery silk dressing gown it was clear to all that he was the one. As usual, the preclinical teaching staff were the source of much basic material and their obsessions, anxieties and generally pixilated states of mind were depicted with frightening accuracy. But this year, as a welcome innovation and relief, there were also several sketches dealing with the broader social topics of injustice and violence. In one of these, called "*Freshers at the Wine and Cheese*", some dental students attempted to impersonate medical students, a feat utterly beyond their capabilities, of course. In another, salaciously entitled "*Teddy Bears' Picnic*" Dave Hannington beat out the rhythm of the song on Simon Portman-Lewis's head, both of them maintaining throughout fixed expressions of extreme gravity. There were also two short surrealistic sketches owing much to the theatrical technique of Sam Beckett and apparently included to give Alistair Cruse two opportunities of removing his clothes. Sadly, what should have been the show's crowning achievement, a sensuously choreographed piece based on a Tooth Morphology Test, failed to expose the deep-rooted, transcendental eroticism of this popular pastime and, all in all, this turned out to be a rather lukewarm performance.

Those responsible for this generally excellent show were characteristically coy about self-publicity and the programme gave no cast list. However, it is believed that Andrew Harris masterminded the production assisted by Elaine Parsons, Mark Osborne and Will Hanks. The entertainment also benefited enormously by having music played by musicians. It was disappointing that so few members of staff turned up, but it is understood that several are still receiving psychotherapy following last year's revue.

Dickens's Medical Students, Part IV

by T. B. Layton

We have left the character of Bob Sawyer to the last, not merely because he is the most vital of all Dickens's medical students, but also because he exemplifies a principle in the history of fiction. This is that the creator of a character has no final decision upon that character. The created gets control, carries away the creator, and becomes an entirely different being from what he or she was first intended to be. The nature of genius is such that it cannot confine itself, and we have in Bob Sawyer a character intended at first to be odious who, in spite of its creator, becomes less so as we go on; after a temporary setback, he gets the bit between his teeth and carries us away with him till we find him one of the most lovable of creatures and not a bad doctor after all.

The next time we meet him there is a serious setback. He has now '*passed*' and has settled under the title of '*Sawyer, late Nockemorf*' as a practitioner in Bristol. It is a sordid shop, with Bob in debt to everyone and taking far more alcohol than is good for him. Everything he says seems to suggest that he has a low ideal as a professional medical man, and that Dickens has a still lower idea of medical men as a whole. But it is at this moment that the character begins to take charge of the creator. An adjective here, a humorous remark there, a brave face in adversity, an insight into the humorous side of life, begin to make us like him instead of to despise him. Ten chapters later on we return to the same scene. We do not think it a good chapter; but it is relieved by the steady improvement in the character of Mr. Sawyer, and then comes that wonderful drive from Bristol to Birmingham in which he definitely comes into his own. Neither Mr. Pickwick nor Dickens himself can any longer resist him. Then we have the final scene of him and Sam Weller on the outside of the chaise in the pouring rain, in which the two Cockneys retain a serenity of spirit and a sense of humour that is heroic, and has only been equalled by those other Cockneys under similar conditions during the Great War.

We may justify our opinion of him by considering what can be said against him. The counts on which we shall have to answer are that he was intemperate, that he was dirty, that he was untidy in his home and careless in his practice, that he advertised, and that he was a failure. Let us admit that he could take a considerable quantity of alcohol. There is, however, no record of his being drunk. When they arrive at the house of Mr. Winkle, Senior, he is merry, and no more, in spite of the amount that he had taken on the journey. Perhaps driving eighty-seven and a half miles on the top of a chaise in mid-September would enable a person to deal with a quantity of which we are incapable to-day. The effort of balancing on the chaise must have been a considerable muscular exertion, and the evaporation from the skin must also have been great, whether it were a warm day or whether a breeze was blowing. It is true that at one place it is written that '*Mr. Bob Sawyer, under-*

standing the message, after some twenty repetitions, tied a wet cloth round his head to sober himself, and, having partially succeeded, put on his green spectacles and issued forth.' We are confident, however, that the record is here at fault, to the detriment of Bob Sawyer. The occasion is that on which Mr. Winkle entered a surgery in Bristol in the middle of the day and, discovering there Bob Sawyer and Ben Allen, remained there all the afternoon, dined with them, and subsequently discussed with them *'a reeking jorum of rum punch.'* It will be remembered that *'Mr. Sawyer, being a bachelor, had only one tumbler in the house, which was assigned to Mr. Winkle as a compliment to the visitor: Mr. Ben Allen being accommodated with a funnel with a cork in the narrow end: and Mr. Bob Sawyer contented himself with one of those wide-topped crystal vessels inscribed with a variety of cabalistic characters, in which chemists are wont to measure out their liquid drugs in compounding prescriptions.'* Now neither Mr. Ben Allen nor Mr. Winkle was famous for the strength of his head. Of Mr. Ben Allen we have this definitely on record. Of Mr. Winkle we may deduce it from the way in which he was bowled over by a very ordinary dinner on the first arrival of the Pickwickians at Rochester, a dinner that left Mr. Tupman quite unaffected. On the occasion in question, all we learn of Mr. Ben Allen was that he *'was fast relapsing into the sentimental,'* which he was very prone to do. Mr. Winkle, on the other hand, *'took his departure, and returned to the Bush,'* where he took still more alcohol in the form of *'a soda-water and brandy at the bar,'* after which *'he returned into the coffee-room,'* where he met and made up his quarrel with Mr. Dowler. There is no sign of alcoholism in Mr. Winkle on this occasion. We maintain that a drinking bout which left Mr. Winkle sober and Mr. Allen sentimental could not materially have affected the much stronger head of Bob Sawyer. Either the account is inaccurate or there is a "snag" somewhere. This latter may be found in the *'wide-lipped crystal vessel'* that Mr. Sawyer was using as a drinking-glass. If instead of the measure glass holding two ounces which tapers to a point at the bottom it were a half-pint measure with the lower end square in section, it may have so deceived Mr. Sawyer that, instead of holding less than the tumbler that Mr. Winkle was using, it actually held more. These square-bottomed vessels are very dangerous. We once had a couple of gins out of a beaker with a physiologist in his laboratory. The physiologist was used to it, but we said "when" when the level of gin was the same as we were used to when it was poured into a tumbler. The difference between the square bottom of the beaker and the round bottom of the tumbler was probably in the proportion of two to one. We mention this as a warning to all who enter a physiologist's laboratory at about six in the evening, and as a possible explanation of the condition of Mr. Sawyer.

There is another record of Mr. Sawyer being drunk, but it is hearsay evidence, being told by Mr. Ben Allen to Mr. Pickwick in the chaise on the way to Birmingham:—

In proof of Mr. Bob Sawyer's being one of the funniest fellows alive, he proceeded to entertain Mr. Pickwick with a long and circumstantial account how that gentleman once drank himself into a fever and got his head shaved; the relation of which pleasant and agreeable history was only stopped by the stoppage of the chaise at the Bell at Berkeley Heath.

We maintain that this will not fit in with any form of alcoholism known to clinical medicine. It is just the sort of muddle-headed mixture that a student of the type of Mr. Ben Allen dishes up to his teachers a few days before he goes in for his final examination.

Let us consider this question of alcohol and Mr. Bob Sawyer, not in comparison with the medical student of to-day, but with the alcohol consumption of one hundred years ago.

The *Pickwick Papers* was written in a hard-drinking age; many chapters are devoted to a hard-drinking opulation – the people of the roads. Drunkenness was common and was no disgrace. Mr. Pickwick was often drunk. Such is the genius of Dickens that by the turn of a sentence or the insertion of an adjective he can depict these scenes of intemperance either as one of amusement or coarseness. When the scene is amusing the intemperance is that of Mr. Pickwick; when it verges on the coarse the intemperance is that of the medical students. We have on several occasions set out to reckon up the number of times that Mr. Pickwick was drunk or half-seas over. We have taken pencil and paper and have carefully recorded the first three or four times, and then the post-chaise from the Blue Lion at Muggleton sweeps us along in pursuit of Jingle and our self-allotted task is forgotten until we find ourselves with Mr. Pickwick settling down in quietude in the neighbourhood of Dulwich. But we can say this: that on every occasion Mr. Pickwick is at the worst amiable and at the best amusing. We may be a little ashamed of him in the kitchen at Dingley Dell; we cannot but laugh at him in the barrow in the pound. When, therefore, we read that '*Mr. Bob Sawyer was not remarkable for temperance*,' we must remember that neither was anyone else in the *Pickwick Papers*, with the single exception of Mr. Stiggins.

The evidence that he was dirty is based upon his first appearance, and the remark of Sam Weller that we have already quoted about '*the dirtiest vun o' the two*,' but while the fact that Arabella recognises her brother by this description is evidence of the permanently grubby condition of Mr. Benjamin Allen, it is not so of Mr. Bob Sawyer. Sam Weller had then only seen him once, and he had been prejudiced against him at first sight, as we know from his talk with Mr. Pickwick. Had Sam Weller's opinion been recorded after he had got to know Bob on the chaise journey to Birmingham and back, we feel that it would have been a very different one. We cannot but think that it was unfair on these medical students that they were first introduced to us after a coach drive at dawn on a very cold Christmas morning. '*Water in the wash-hand basin's a mask o' ice, sir*," responded Sam,' in reply to Mr. Pickwick's inquiry about the weather when Sam brought up his warm water on that morning. It is difficult for us to-day to realise how hard travelling must have been then. Those who have served with troops that were moved at night, and arrived in camp at dawn, may have some appreciation of it. There is a sensation of sticky dirtiness combined with hunger in such a memory. We would ask who would like to go down to posterity in a pen picture drawn by a master, on the quay-side of St. Malo after having crossed by the night boat from Southampton without having been able to get a berth or any accom-

modation except that on deck? We believe we should feel ourselves ill-treated by such a description. Nor must we forget that the ablutions of Mr. Pickwick himself cannot have been of a very complete nature. On the occasion that we have been discussing he arrives full-dressed in the breakfast-room within a quarter of an hour of having united his night-cap, and he was a clean-shaven man. *'Great men are seldom over-scrupulous in the arrangement of their attire'* we read at our first meeting with him, and there is another account of his *levée* in which *'ten minutes sufficed for the completion of his toilet.'* We cannot but think that this infers something less than a want of scruple.

Of the untidiness of Bob's home we get evidence from the condition of the back parlour, which Mr. Winkle *'judged to be the innermost and peculiar sanctum of the establishment, from the repetition of the word surgery on the door.'* In this he kept the coal in *'a practicable window seat, labelled "Soda Water"'* He kicked across his shop the textbook of medicine that he had been pretending to read, with the adjuration, *'Get out, you mouldy old villain, get out!'* We think that on this count we must plead guilty for him, but we must also plead extenuating circumstances. He was a young bachelor, his food was coked outside and was brought in from the baker's; for service he was dependent on *'an occasional charwoman,'* and his *'domestic arrangements'* ran to the tumbler and two knives and forks. We wonder whether any of us would be able to hold our own against so depressing a home atmosphere. His outside shop was apparently tidy, though this was not difficult when we remember that most of the stock was *'dummies.'* He did, however, use his equipment unduly for domestic purposes. The pipkin on which he prided himself *'because it looked so business-like,'* was used for heating the water with which *'Mr. Winkle adulterated his brandy.'* For the rum-punch *'the largest mortar in the shop'* was employed, and we have already heard how Ben Allen used the funnel as a tumbler.

Professional advertising is a matter for a nice discrimination; we all do a certain amount of it, we all draw the line somewhere, and we all disapprove of the man who draws it a littler further. Mauve motor-cars were not in existence in Mr. Sawyer's day, and therefore he was unable to dress up his chauffeur in a coat of similar hue with a lamb-skin collar, but he did have *'a boy, in a sober grey livery and as gold-laced hat,'* and he made use of that boy for a plan of advertising carefully thought out by himself and Ben Allen. The propriety of such things largely depends upon whether a practitioner is a squatter or has acquired the practice by heredity or by purchase. If the former, such behaviour is considered unethical; if the latter, it is allowed. Whether Mr. Nockemorf was dead or merely retired we do not know, but Sawyer had acquired that practice by purchase, for he tells Mr. Winkle that *'my friends came down with the needful for this business.'* We feel, therefore, that all his schemes for acquiring patients were quite legitimate.

It was not a very good practice; when we first meet him, he admits as much. When we next do so, he and Ben Allen are discussing what can be done to stave off bankruptcy. That bankruptcy came, and *'Mr. Bob Sawyer, having previously passed through the Gazette, passed over to Bengal.'* He

was a failure, let us admit. In a world that estimates success only in terms of pounds shillings and pence and the display that can be obtained thereby, Mr. Robert Sawyer, of Guy's Hospital, was a hopeless failure.

We believe that we have brought out every point that can be made against Bob Sawyer. Now let us see what can be said for him. In the first place he was a good sportsman, agile both with his hands and on his feet. We read of him *'throwing the large book into the air, and catching it with great dexterity at the very moment when it threatened to smash to atoms all the bottles on the counter.'* His skating was first-rate; there was no question of mediocrity there:—

Mr. Bob Sawyer adjusted his skates with a dexterity which to Mr. Winkle was perfectly marvellous — how modern that sounds — and described circles with his left leg, and cut figures of eight, and inscribed upon the ice, without once stopping for breath, a great many other pleasant and astonishing devices, to the excessive satisfaction of Mr. Pickwick, Mr. Tupman, and the ladies.

We feel that he might have taken his bronze medal any day. He was, however, not one of your athletic snobs, for, good skater as he was, he was quite willing to take off his skates and join in the more plebian — from an athletic standpoint — sport of sliding:—

"Keep the pot a bilin', Sir!" said Sam, and down went Wardle again, and then Mr. Pickwick, and then Sam, and then Mr. Winkle, and then Mr. Bob Sawyer, and then the fat boy, and then Mr. Snodgrass.

He was true to the medical treatment of his day, but he was not hide-bound by it. When the rival editors came to blows he joined Mr. Ben Allen in dodging *'round the group, each with a tortoiseshell lancet in his hand, ready to bleed the first man stunned.'* He had, however, advanced views on calomel, the efficiency of which he was beginning to doubt. When he is shutting up the shop to accompany Mr. Pickwick to Birmingham, he explains with regard to his patients that *"they will be all the better for it; for, being nearly out of drugs, and not able to increase my account just now, I should have been obliged to give them calomel all round, and it would have been certain to have disagreed with some of them."* How revolutionary that was will be appreciated when we remember that at Guy's he may have gone round the wards with a Physician who had studied under Dr. James Curry, who was known to the world as "Calomel Curry" because he believed that all illnesses arose in the liver and that calomel alone could control them. Tradition credits him with having the salt in his sandwiches replaced by it. To suggest that it might have disagreed with anyone was almost as revolutionary as to hint, to-day that vast quantities of hexamine could give rise to indigestion.

He had strong views as to the value of alcohol in preventive medicine. When Mr. Pickwick had become a case of immersion through the ice breaking, he was wrapped up in the ladies' shawls and made to run back to Manor Farm, and went to bed:—

Sam Weller lighted a blazing fire in the room, and took up his dinner; a

bowl of punch was carried up afterwards, and a grand carouse held in honour of his safety. Old Wardle would not hear of his rising, so they made the bed the chair, and Mr. Pickwick presided. A second and a third bowl were ordered in; and when Mr. Pickwick awoke next morning, there was not a symptom of rheumatism about him; which proves, as Mr. Bob Sawyer very justly observed, that there is nothing like hot punch in such cases: and that if ever hot punch did fail to act as a preventive, it was merely because the patient fell into the vulgar error of not taking enough of it.

The Changing Face of Guy's

Photographed by A. D. Robinson



Separating qualification and membership

About eighteen months ago, the Council of the CSP was asked to consider changing the criteria for membership of our Society. At present, the students in Schools taking the Society's exams become members when they pass the qualifying Part II exams; additionally, those taking degree or diploma courses – for example, at the N.E. London, Ulster and Sheffield Polytechnics – which have been validated by the Chartered Society, also achieve membership. As more Schools are moving – with the Society's blessings – into further-education establishments and are concocting their own courses and examinations, so the difficulty of validating and monitoring them, on the one hand, and balancing the books without their exam fees on the other, becomes more acute.

It has been suggested that, to remain solvent, the Society should accept into its membership physiotherapists holding other approved qualifications who can obtain British State Registration and that it should make payment of an annual fee obligatory for continued membership. The annual subscription we pay now gives us professional insurance cover, the monthly journal and the right to stand for election and to vote at elections for Society office, but membership is membership is membership, and once the initial registration fee on qualification has been paid, we remain members of the Chartered Society till death or professionally disbarring indiscretion doth us part. What we must pay each year to remain employable in the N.H.S. is our state-registration fee and, since registration is contingent on membership of the C.S.P., we can go on doing that without ever paying an annual fee to the Society. Turned round the other way, if the Society should deem that its membership were contingent on payment of an annual subscription, we would not be able to be registered (and, therefore, would not be employable in the N.H.S.), unless we had retained that membership. This way, all N.H.S. practising physiotherapists would be forced to pay two annual subscriptions whereas now they can get away with one.

Other paramedical groups have split their governing body into a College dealing with professional matters and a Guild, Union or whatever, handling salaries and conditions of service. There has been some criticism of our Society in that it combines three functions in education and examinations, professional affairs and trade-union activities, but, in practice, it has worked very satisfactorily. Whether it can go on doing so is open to question because degree-awarding bodies are not going to welcome an attempt to control their courses by an outside body.

It is believed that a minor amendment to the Society's by-laws could, with Privy Council approval, enforce an annual subscription as a condition for receipt of the services available to members. However, it is felt to be inappropriate to withdraw life-membership from those presently enjoying it.

Consequently, in the short-term, there would not be much effect on the Society's income from changing the rules of the game to catch the 750 or so who qualify each year, especially as they could still practise privately or abroad without membership.

We are being asked what our views are, so that Council can decide in the light of its members' opinions. Unhappily, energy of this sort is usually more than the membership can generate and the probabilities are that whatever decisions are made will be lit by a very low-wattage bulb, but anyone reading this can be assured that her two-penniworth would be welcome.

Ronald Cooper

Book Reviews

"The Incidence and Economic Costs of Major Health Impairments", by N. S. Hartunian, C. N. Smart & M. S. Thompson. 7th Edition. Pp. 420. Price £29.50. Cover: Hard. Published by Gower.

This is a comparative study of the cost to the community of four major causes of death and handicap: coronary heart disease, cancer, strokes and motor vehicle accidents (MVA) based on U.S. figures. It is argued that, by concentrating on a limited number of conditions, it has been possible to consider the economic effects on different age groups, and also on different subdivisions of the diagnostic category such as the *site* of carcinoma and the abbreviated injury scale (AIS). The early part of the book discusses the problem of calculating expenditure and the relative merits of using the incidence and prevalence approaches to costing are discussed. The author prefers the former, arguing that overcosting is less inaccurate using the incidence approach than is the undercosting of the prevalence approach. Other difficulties include the extent to which account has to be taken of such factors as direct costs of immediate and long term care (also insurance and legal costs for MVA) and indirect costs as in loss of earnings either by handicap or reduced life expectancy of affected individuals; an additional indirect cost is the modification of life style and earning capacity of the spouse, or other family member, who is required to care for the disabled person.

The main part of the book deals respectively with the four selected health problems and discusses the direct and indirect costs of each. The book ends with a

summary of results and applications together with discussion about likely sources of error.

As might be expected, the incidence rate in the population of MVA is by far the greatest, but the loss of life is greatest for cancer. The total estimated cost in the United States for one year's incidence of the four conditions is 57.8 billion dollars, with cancer the greatest at 21.1 and stroke the least at 6.5; CHD and MVA are similarly placed at 13.7 and 14.4 respectively – a fact which the author argues could have implications for resource allocation in terms of research and prevention.

This is a fairly detailed presentation in which the financial issues are argued in some depth. It should be useful as a work of reference, even though the data is unlikely to have a wide attraction for individuals in the U.K. unless they have a special interest in this topic.

However, it is a carefully prepared comparative study, in which the difficulties of collating and comparing data from countries with different health care systems are discussed in a balanced way. It would be of interest and value to students specialising in health economics, and should prove a useful reference work for doctors, nurses and others wanting to make a sincere contribution to the current debate on health expenditure in the light of increasing pressure to expand the private sector.

J. A. D. ANDERSON,
Professor,
Community Medicine

"Multiple Choice Questions in Haematology" by G. D. Pegrum and T. R. Mitchell. Pp. 64. Price £1.95. Published by Edward Arnold.

The 100 multiple choice questions with answers and explanatory comments have been so selected that they provide a method of learning haematology. Emphasis has been given to commonly occurring conditions and to areas where the authors have found that students encounter most difficulty. The questions and answers have been tried out on the authors' own students and junior staff to remove as many ambiguities as possible.

Every question consists of a stem and five statements, each of which must be judged "true" or "false". The questions appear on one page and the answers on the opposite page. The authors recommend that the questions are best used in conjunction with a haematology textbook. This small book is packed with haematological information which should be very helpful for examination purposes, and also useful in practice.

The questions and answers are gathered together in ten sections: general haematological questions and features of anaemia; hypochromic and normocytic anaemias; macrocytic anaemias; haemolytic anaemias; general questions on white cells; aplastic anaemia and pancytopenia; leukaemias; myelomatosis; myeloproliferative disorders; splenomegaly and lymphomas; coagulation and bleeding disorders, and, finally, blood transfusion and blood products.

This book is good value at the price and can be warmly recommended.

P. BARKHAN,
Consultant Haematologist

"Infectious Diseases for the House Officer", by J. C. Allen and T. R. Beam. Pp. 184. Price £6.25. Published by Williams and Wilkins.

This small book comes from an excellent series, widely used by house officers in hospitals in the USA. It was a pleasure to see the dedication - to the students and house officers whose penetrating questions had taught the teachers what to teach! The book simplifies, condenses and deals with the practical problems of diagnosis faced by the house officer. There is welcome attention to the neglected topic of how to use the microbiology laboratory (Chapter 3)

with exhortations to tell the microbiologist something about the clinical condition and the information sought from each specimen submitted. Unfortunately there is no mention or reference to viruses in this chapter.

In spite of its good points, I don't think it is suitable for the house officer in this country. There are differences between American and English requirements, nearly all minor, but taken together make the book less useful. These include terminology (bacteraemia) and the attention to diseases that are more important in the USA (rabies and systemic fungal infections). I was disappointed to see so little virology. Viral hepatitis and rabies receive attention but there is no mention of measles, mumps, rubella, influenza, rotaviruses, varicella-zoster, glandular fever. Under "Venereal Infections", chancroid and granuloma are described, but there is no mention of common or garden venereal warts. But then this is a book for a hospital doctor.

C. A. MIMS,
Professor of Microbiology.

"Multiple Choice Questions in Imaging Sciences", by D. Finlay, J. Berry and G. Bell. Pp. 149. Price £4.95. Published by Baillière Tindall.

This excellent selection of multiple choice questions, written by two Radiologists and a Radiographer, covers the physics, anatomy and technique required for both radiology and radiography. The presentation of the questions as Part 1 F.R.C.R. is a stem question with five subsidiary parts. The questions are divided into three sections; (a) physics radiation including nuclear medicine, ultrasound, C.T. and dosimetry; (b) anatomy encompassing radiographic anatomy and (c) a slightly smaller section on radiographic techniques. An excellent feature in this book is the presentation of the answers on the opposite page to the questions with some short explanatory notes on the more contentious subjects. In common with the majority of multiple choice questions, too much knowledge renders some of the answers incorrect, nevertheless the standard of the questions and the answers is that of Part 1 F.R.C.R. and it is an excellent book for revision and examination practice for Part 1 F.R.C.R. and the higher diploma in radiography.

S. RANKIN,
Consultant Radiologist.

"Health and Wealth", by R. J. Maxwell.
1st Edition. Pp. 180. Price £13.50. Cover:
Hard. Published by Gower.

This is an international study of health care spending, based on information from ten countries (Australia, Canada, France, West Germany, Italy, the Netherlands, Sweden, Switzerland, U.K. and U.S.A.) by the Secretary of the King's Fund, who was formerly administrator of the Special Trustees for St. Thomas's Hospital. The work begins by reviewing earlier studies, and discussing the difficulties of overcoming semantics and other attitudinal differences between countries as to what should be regarded as health expenditure. In particular, the author assesses the difficulty of defining comparable boundaries between expenditure on *health* services, and that spent on *social* services required by those in poor health. Differences in patterns of private care obviously make little impact on overall health expenditure in a country such as the U.K., where 93% of that expenditure is in the public sector. This emphasis on public sector expenditure obviously contrasts with, say, the U.S., where 57% of health care expenditure is in the private sector. This difference between public and private expenditure could also have a bearing on other factors, such as salaries; thus in the U.K., medical earnings are calculated at 2.7 times as great as the gross earnings of an average production worker, and in this respect U.K. is second lowest to Norway (2.4), and comparing unfavourably with France (7.0). These are among the points which could account for the fact that the U.K. is lowest in the league of health expenditure (5.2% of GNP), being just over half the proportion of that of the largest spenders, such as Sweden (9.8%), West Germany (9.2%) and U.S. (9.0%). The U.K. is also represented as a low spender per capita (\$231), with Italy being even lower at \$221. Other low spots so far as the U.K. is concerned, include the lowest percentage of health care expenditure on self medication (2.3%), contrasting with Italy the highest (at 5.6%); the lowest number of physicians per ten thousand population (U.K. 13.1 as against West Germany 19.2) and the lowest expenditure on specialist and primary care outside hospital (U.K. 21.3% of total health care expenditure as against France at 44.5%). However, it is not stated explicitly that these are the reasons why the union jack is depicted upside down

among the flags of the participating nations on the front cover.

In spite of these gloomy figures, U.K. ranks fourth to Sweden, Netherlands and Switzerland in age specific mortality rates (under 65 years) and it has the second lowest administrative costing (0.9% of total health expenditure; Sweden 0.4% and France 9.4%), the highest expenditure on public health (6.2%) and the second highest on health services research (1.5%; U.S. 2.5%).

J. A. D. ANDERSON,
Professor,
Community Medicine

"The Doctor and the Law", by J. Leaky Taylor. Second Edition. Pp. 211. Price £9.95. Published by Pitman.

This is an updated edition of an earlier work published in 1970 which looks at both civil and criminal aspects of the law in relation to medical practice. Topics covered include registration and the G.M.C., ethics, professional negligence and disciplinary aspects of the N.H.S. as well as relationships with law courts and the lawyers and police commonly associated with them. As secretary of the Medical Protection Society, the author is well placed to comment on how to avoid the pitfalls which beset not only clinical students and newly qualified doctors but also those with much longer experience who may find themselves on the defensive as a result of unintentional mistakes or lack of attention to detail. Also, of course, doctors may well be involved early at the scene of violence or other criminal or suspicious activities. They have a responsibility as citizens to assist the police in the prevention and detection of serious crime; however, they also have to bear in mind their ethical responsibilities to patients and on occasion it may be necessary to perform a difficult and delicate balancing act between these two responsibilities. As Professor Keith Simpson says in his foreword "Doctors may hope this will never come their way but this cannot be ensured". This would certainly seem to be one area of medical practice where prevention is strongly advised by even the most therapeutically orientated members of the profession.

J. A. D. ANDERSON,
Professor of Community Medicine.

"The Newborn Child" by D. G. Vulliamy.
Pp. 217. Price £5.95.

It is well known by everybody that children are very different from adults in many ways. But the differences between the newborn infant and the older child, let alone the adult, are of a totally different order of magnitude. We are really only just beginning to have some understanding of neo-natal physiology and pathology. Not surprisingly, therefore, textbooks on neo-natal problems need frequent updating to keep pace with our changing attitudes, based on these advances of our knowledge. Unfortunately the effect this has on most disciplines is for new information to result in ever larger new editions. Dr. Vulliamy however, has revised his book considerably and yet managed to keep it all within reasonable proportions.

He covers virtually all the major and minor problems seen during the neo-natal period, giving a thumb nail sketch of each condition. This includes both a description of the disorder and the way it should be dealt with.

The text is very readable in a style which I think will generate interest. The book is very well illustrated by clear black and white photographs and diagrams.

I would recommend this book strongly to all medical students and practitioners, to children's nurses and midwives and as almost essential initial reading for any doctor about to take on neo-natal work. Obviously, as the author states in his preface, for the latter group further reading

could be mandatory; for these individuals a bibliography is provided.

Dr. L. SHURMER,
Consultant, Paediatrics

"Lecture Notes on Anaesthetics", by
John N. Lunn. 2nd Edition. Pp. 182. Price
£6.00. Published by Blackwell.

Anaesthetics, an essential part of the undergraduate curriculum, is essentially the practice of applied physiology and clinical pharmacology. This well written text is directed primarily at the medical student and emphasises these two fundamental aspects of modern day clinical anaesthesia. It is not, and does not purport to be, a handbook of practical anaesthetic practice. The time when a students' introductory text to anaesthetics could also double as a handbook for the administration of simple anaesthetics, is long past.

This edition has been slightly enlarged (to include aspects of postoperative care) and the sections on resuscitation and the theories of anaesthetic action have been usefully enlarged. The chapter on techniques associated with resuscitation is the best account, for the student doctor, that I have read of this essential topic. I would have approached my house jobs with less apprehension and feeling better prepared, had I read and acted on the sound advice that it contains. For this reason alone "Lecture Notes on Anaesthetics" should be read by all medical students early on in their clinical clerkships, not just during their anaesthetic attachment. The book is thoroughly recommended.

RONALD M. JONES,
Senior Lecturer
in Anaesthetics

Correspondence

The King's Chapel

Dear Sirs,

Last night seeing one of the old boys from Guy's, reminded me as a regular receiver of the *Guy's Gazette*, you are writing the history of Guy's.

Since the war and as my wife and I were at the Old Kings Head alongside Sophia's Hostel and the Dental department for 21 years; obviously we have lots of ties and memories. One is on page 511. Date 24th October, 1970, and as we saw lots of the

nurses and students, it was often said by them in front of patients "I'll meet you in the King's chapel" so the patients would not know.

If and when you publish the History, please let us know as we would like to read it.

Best of luck,
BETTY & JIMMY MARSH

Late of The Olde Kings Head,
Kings Head Yard,
45 Borough High Street.

Dear Sirs,

I would like to announce the results of the Guy's snooker team, who have been in competition with 7 other teams from London colleges this academic year.

Out of a total of 11 matches, we won 9, losing 2 to the eventual winners, Imperial College. Imperial won most of their matches 5-0, and so our results of 4-1 home and away are not so bad. On a recent re-match we narrowly lost 3-2, and a more experienced team next year could easily beat them.

Of course Guy's snooker is permanently improved by experience of this sort.

There were many relatively inexperienced players who played and won for us, but only the more practised Nigel Poole won all his games to prove himself consistent even when off form.

Guy's teams will dominate collegiate snooker just as soon as our talented beginners start to practise potting off the billiards spot. Here's to future potted blacks!

Yours faithfully,

PHILIP D. OLIVER.

Boland House,
Guy's Hospital,
London SE1

Dear Sirs,

I write in near despair on behalf of my family and, if I may take the liberty, the Scottish Widows' Fund, the former who would be distressed by my death in apoplexy and the latter which would have to pay out a substantial sum to my relict. I share an MRC project grant with a colleague in the Physiology Department of the Medical School and it is therefore necessary to telephone Guy's from time to time. My problem is that the switchboard frequently connects me with Psychiatry in spite of the fact that I mouth the name of the department slowly with great emphasis on 'Fizz' and on occasions have even gone so far as to spell the word; a desperate effort which has not endeared me to the operators.

If this continues and the worst does not happen, perhaps I shall have to speak more frequently to Psychiatry – for advice, or would this be a fate worse than death?

Yours faithfully,

D. J. ANDERSON.

Department of Physiology,
The Medical School,
Bristol, BS8 1TD

Sport

INTRODUCTION

For several of the clubs at Guy's, Spring brings tour fever, and representative sides filter throughout the country on the pretext of playing sport.

The Hockey Club's "social" side (asocial, perhaps?), the "Spirochaetes", a mixture of enterprising lads whose common attributes are a pair of hands with which to hold a hockey stick and a willingness to put their livers to the test, have made their annual sortie to Paignton. By tradition, a report of their activities is withheld until many months later, but my informants tell me that they managed to lose every match and created a stir wherever they went. Glad to see old habits die hard, boys!

In addition, the Hockey Club's "serious" side made *their* annual trip to a tournament

at Folkestone. The report of this is remarkable for its absence of references to the playing of hockey – presumably they now rate their chances so poorly they go along merely to spectate!

The Swimming Club will have travelled West, to Bath and beyond, by the time this *Gazette* is published, and will no doubt have perpetuated (and perpetrated) Guy's tour traditions.

The Football Club have had a poor season unfortunately, and enthusiasm waned to such an extent that a squad of about 15 turned out for all three elevens in the latter part of the season. They had not been on tour for 2 years, not since Dave Smalley took a lively bunch to Germany for a good hammering by Her Majesty's Forces, but this year arranged a couple of games

against Manchester and Liverpool Medical Schools. So poor was the support in the Club that only eight (plus two relatives) made the trip, but that group, the core of the Club this year, had a thoroughly good time. As one who has a great interest in this Club, I hope undergraduate readers of this buck up their ideas for next season.

And the Rugby Club, land-bound following misdemeanours on the high seas two years ago (so admirably related in all the best tabloids), ventured south-west. A comprehensive report, fully illustrated with black-and-white photos, emphasises their continued ability to combine minute-by-minute entertainment off the field with good rugby on the field.

Finally, belated congratulations to the Squash Club, who below recount the story of their victory in the U.H. Cup, for the fifth time. A remarkable achievement. We also wish success to Chris King, who resumes the captaincy of the Cricket Club after a season's grace.

M.B.

RUGBY

TOUR REPORT – EASTER 1983

Thursday, 31st March marked the reinstatement of one of the highlights of the Rugby calendar. The annual tour (sadly a non-starter last year due to some misunderstanding with the R.F.U.) began with an assembly at Boland House. Twenty young men and true, all resplendent in Easter bonnets, prepared excitedly for a sporting jaunt into sunny Cornwall. A seven-hour journey passed as rapidly as seven minutes such was the excitement among the crew. It would have been a five hour journey, but our glorious captain Nigel Poole insisted on a hamburger stop every twenty miles. (So that's why he's known as "Porky").

10.00 p.m. saw our arrival at the Angel Hotel, Helston, where the landlord quickly dispensed with the formalities of checking in, and ensconced himself behind the bar for the evening. Several pints, and several rehearsals of "Delaney's donkey" later, the chaps retired for an early night (3.30–4.00 a.m.) in preparation for the first game of the tour.

Friday, appropriately named "Fools Day", began with a trip to The Lizard, the most southerly point in England. Here Matt Hackett, Rick Thomas, and Matt Davies (the babies of the party) made valiant efforts to

escape, but were promptly recaptured and taken to the local pub for refreshment. On inspection, the pub was found to be filled with the men(?) of St. Thomas' Hospital R.F.C. However, once they caught sight of the word "Guy's" emblazoned on everyone's chests, they left feeling decidedly inferior. On then to Penryn for that vital first game. Brilliant sunshine and a force eight gale was the order of the day. Nigel used a new tactic in this game to some effect. The front five of Parry, Rose, O'Connell, Roberts and Conchie K., were backed up by a second front row of Popplewell, Hogan and Martin. This ploy worked to greatest effect in the second half when when Guy's fought back from a 12–3 deficit to win 16–12. This win was achieved through five tries from Rick Thomas and Alan Jones, and a superb dropped goal against the wind by Paul Staker. Tim "Pernod" Bryant kicked the remaining points.

The game was notable for some decidedly interesting language from Nigel (unfortunately not printable) as he harangued his gallant forwards, at the line-out in particular.

The backs played very well against talented opposition, and thus avoided the wrath of Nigel whose voice was rapidly disintegrating. Nevertheless, he did manage a begrudging thanks to us forwards who had done everything in our power to ensure he had his fair share of tackles.

Team v Penryn:

Parry, Rose, O'Connell, Roberts, Conchie K., Hogan, Martin, Popplewell, Poole, Staker, Thomas, Jones, Bryant, Davies, Hackett, M.T.

A quick shower later and Guy's were to be found outsinging a packed bar, who seemed to think of post match singing as something outrageous. (Amazing how these West country boys take defeat so seriously!) Later that evening, the bar at the Angel Hotel saw the birth of a band of animals to rival the Rats. Yes folks, the "Roadeaters" were born. Featuring Graham "I've only got a wee one" Meharg, David "Void" Lloyd, and Nick "She'll kill me" Whitfield, known as Roadeaters I, II and III respectively, they entertained all and sundry with the vilest of table manners. Breakfast Saturday and everyone was still smiling and Nigel, having prayed for a further victory, entertained us with jolly tales of Welsh Rugby. He spoke long and earnestly on the



Assembly at East Wing – ready for anything!

subject and did us a great favour as the backs in particular needed to catch up on their sleep. A quick trip to the shops saw everyone kitted out with kazoos and water pistols (for, that "Parc de Princes" atmosphere). Heartfelt thanks to Charles Popplewell for investing the beer money so wisely.

Another scenic trip brought us to the picturesque village of Mullion Cove where an OXFAM shop was invaded and Nick Whitfield bought a whole new outfit (presumably for the Rugby Ball – 5th May, tickets available now). I feel I should point out that Nick never once passed a shop without buying something (is this a new syndrome?) He bought crayons (personal decoration and postcard writing), dog biscuits (for feeding "Void" Lloyd), calamine lotion (in case of sun burn), etc. etc. He completed his day's shopping in Falmouth with several cans of hair colouring. Quicker than Mick Martin could say "Stumph" the whole party had gone slightly punk. Blue beards and red, green and gold hair ruled the day.

Our arrival therefore at Falmouth R.F.C.

was certainly noted. Mutterings of "Wallies" and several far less polite expletives were heard but soon forgotten when Dr. Terry Gibson was seen to sport a very fetching red and gold head of hair. (Photographs on sale from several tour members). Falmouth thus prepared to thrash this "bunch of nancy boys". Again sunshine and gale force winds abounded and the side, captained by Charlie Popplewell, pranced into the field looking like a cross between "Hot Gossip" and the casualties from an explosion in a paint factory.

The game began with a strong surge of Falmouth pressure which Guy's did well to contain. However, a pattern of dominance in all quarters in favour of Guy's was soon evident and thereafter the Guy's men were seldom threatened. A Trojan performance by the pack ensured plenty of good possession for the backs who had notched up a 16 point lead at half-time. Tries from Meharg, Davies and Staker and conversions from Bryant and Jones ensured that Guy's had a solid platform from which to operate against the wind in the second half.

However, fearing that this lead might not be enough, our gallant captain, "Porky" Poole, bravely stepped onto the field during the interval and promptly shot the referee with his water pistol. This master tactician really does know his rugby as Guy's went on to win with a final score of 24-4. The second half thus saw Matt Davies go over for a second try and in the dying minutes the Conchie brothers, Kim and Jamie (loudly applauded by Dad and Rob) decided to have a little run and were rewarded with a try for Kim. This colourful side thus entertained admirably with skilful rugby on all fronts. The only worrying aspect of the game occurred when a Falmouth prop cut his head and required attention. Quick as a flash (well, quite quickly) Dr. Parry raced (well, jogged) to his aid, but on spying our Gareth's beard of blue, red and green the injured player recovered sufficiently to leave the pitch, muttering "If he's a doctor, I'm a woman". Tim "Yves St. Laurent" Bryant and Alan "Tex" Jones shared the kicking duties and both marked up another fine performance in the centre. A sterling performance by that young up and coming scrum-half Tony "By jakers" Griffiths had Nigel worried as to whether he could win back his position, but then he remembered that he was captain and decided to drop Tony anyway.

Team v. Falmouth:

Popplewell, Gibson, Rose, Conchie K., Whitfield, Meharg, Lloyd, Denmark, Griffiths, Staker, Conchie J., Jones, Bryant, Davies, Hackett M.T.

The bar at Falmouth R.F.C. saw the re-enactment of the Alamo with Guy's winning the waterpistol fights, (mainly due to the fact that the opposition had no pistols). Great tactics, Nigel. As there was no game scheduled for Sunday old Porky approved of a "late night" with dancing permitted. Following an extensive singing lesson for the patrons of the "Jolly Pirate" the party "packed down" at the "Club Internationale". (That's the local disco to you and me). Tim "Man at C & A." Bryant was asked to leave after only 5 minutes as the management could no longer cope with the numbers of fainting ladies who had caught sight of his physique. (That's his story anyway). Bill "Let's see that meal again" Hogan on the other hand was allowed in free as the management felt that his more subtle sexuality could only encourage a good time for all. Nigel at this stage had

almost lost his voice completely but found that by speaking through his kazoo his accent was far less noticeable. So after a busy night's fitness training the crew returned to the hotel bar to quench their thirsts (I don't think that bar ever closed).

Sunday, a day of rest, saw the merry band preparing for a day's sailing on Helford River. Lloyd Denmark, hereafter known as Ingmar Skidmark, entertained us with some, shall we say, interesting driving en route as he repeatedly tried to kill cyclists. The team then basked in glorious sunshine and beer for several hours before going on to try out some watersport. Some fine sailing by the front five (with Ted Rose surprisingly awake) brought gasps of admiration and awe (I think) from the rental company. The rest of the team in motor boats did everything in their power to ensure an interesting adventure for the famous five. "The Wayfarer", captained by Charles Popplewell, R.N. (reprobate nancy boy), went through her paces admirably despite a marked lack of wind. Everybody enjoyed this venture so much that we clubbed together at the end of the day and bought a rudder as a keepsake.

On then to Penzance where Mark O'Connell decided we were all hungry. A spread of traditional West Country fare was enjoyed by all in the "Wan Hung Loo" Chinese restaurant and then quickly on to the "Admiral Benbow" for the highlight of the tour. It was here we met the Conchie twin sisters and for once were stunned into silence by sheer beauty. We seemed to lose Road eater II and Ingmar Skidmark for several hours only to find them committing acts of gross indecency with each other. Full details will be revealed in the next issue unless cheques are forthcoming.

Back then to the hotel for the last night. Our gracious host "Bermondsey Stan" bought drinks for all and a brave crew (mainly forwards) remained in session until 5.00 a.m. The last thing I remember about that was Gareth muttering about 42 miles of unused something or other in New York. Three hours later breakfast was being served in preparation for the last match. The trip to Cambourne saw everyone very subdued, probably because the weather was changing! The early kick-off, 10.45 a.m., seemed to upset the previously faultless tactics and Guy's were soon trailing. Things were not helped by showers of hail, sleet and rain, nor by the fact that



Team versus Cambourne. Left to right:

Back: Conchie, R., Hackett, M. T., Roberts, Lloyd, Hackett, M.G.; Bryant, Davies, Thomas, O'Connell, Conchie, K.; Parry, Whitfield, Martin, Popplewell, Meharg.

Front: Hogan, Jones, Poole, Denmark, Staker, Gibson.

old Porky had completely lost his voice. The forwards performed spasmodically, occasionally playing brilliantly only to be replaced by abject lethargy for long periods. Even the backs were off form and looked like they didn't want to get too dirty. Thus trailing 16-0 at half-time, the interval saw Nigel use his team-talk to rousing effect. Guy's played a better game in the second half and conceded just the one score to finish losers by 20-0. The team was not assisted too well by Mike Hackett as full back who kept disappearing from the field to see to his make-up. David "Void" Lloyd played well in the forwards and so did I - I know 'cos Nigel said so! Thus the tour closed unfortunately on a losing note, but two wins out of three was quite a satisfactory result. Before beginning the return trip Neil "Tap 'em back" Roberts discovered gin and Keith "Even I drive better than Skidmark" Underwood discovered Southern Comfort.

Team v. Cambourne:

Parry, Gibson, O'Connell, Conchie K., Roberts, Hogan, Lloyd, Denmark, Poole, Staker, Davies, Jones, Bryant, Thomas, Hackett M.G.

The return trip passed uneventfully (he lied) and thus ended the 1983 tour. This report, such as it is, would not be complete without expressing thanks to Charles Popplewell who did most of the organising, and to Terry Gibson who risked the corruption of his family to keep an eye on us. (Boy did he miss some fun).

Matt Davies was top scorer, Tim Bryant drank most tomato juice, Mark O'Connell had the worst hat, Ted Rose slept the most, Alan Jones clobbered most often, Charles exposed himself most often, and the list goes on. All the characters described are fictitious. Any resemblance to persons living or dead is purely intentional.

Parotid O. Hogan

Tour Party:

Rose E., Parry G., O'Connell M., Denmark L., Roberts N., Conchie K., Conchie J., Conchie R., Whitfield N., Meharg G., Lloyd D., Gibson T., Griffiths T., Poole N., Staker P., Underwood K., Jones A., Bryant T., Hackett M. T., Hackett M. G., Thomas R., Davies M., Martin M., Hogan W.

ASSOCIATION FOOTBALL

The Famous Ten go on tour

Monday Finally receive confirmation from Manchester and Liverpool Medics. Tour to proceed.

Thursday Tim Harris drops out – down to eight men. Too late to cancel – may pick up extras on the M1?!

Friday Rytinino (Big Feet's little brother, also with big feet) and Cowland Jnr. have agreed to come. Now have ten.

Hire company foolishly let us have a pristine mini-bus. Leave Boland House one hour late with less than four hours in which to get to Manchester. On the Edgware Road, Big Ears (a hockey player) reveals his secret weapon to an unfortunate female cyclist passing by. Wrecker threatens to turn back. Rytina fills the bus with acrid fumes as he tries to burn out the clutch.

Traffic at a standstill on the major South-North arterial gives an E.T.A. three hours late. A "hiccough" onto the floor by Big Ears adds to the crisis. We may even miss closing-time! The Wildebeest appears to be coming out of a sobriety-induced hibernation – wish he had stayed there!

21.30 – Arrive outskirts of Manchester. Poor directions and diversions lose us. Wrecker follows Skip's nose and we arrive safely at the Union bar.

Several beers, but fewer minutes, later, The Ten, fondly cradling bottles of wine, are led to the local bright spot by Manchester Medics. This is the Manchester Polytechnic, where Punk is still vogue and dress informal. The boys are hungry, but the opposition need their fill of spiked hair and weird make-up. Finally leave for the Plaza, just rescuing Wrecker from further trouble with the "only" person he knows in Manchester. The Plaza claims to serve curries behind its transport cafe exterior – mild, hot, killer or suicide. These terms seem to refer to the amount of curry powder added to a green sauce that they pour over a plate of chicken and rice. Big Ears so unimpressed he has to dramatise his feelings, and then makes a hasty exit.

Saturday Our room stinks. Must be one of the others.

Match starts at 10.30. Fortunately the opposition also have only ten men, and the conditions (knee-deep bogs criss-crossed with rain-filled valleys) seem to favour us. We lose 10–2. The Cowland Brothers, obviously in their employ, with Junior

(taller) missing sitters at centre-forward and Senior (shorter) refusing to dirty his hands. Skip realises that opposition's skilful midfielder, Austin, only looks good when someone tries to tackle him, so Skip desists.

After a liquid lunch, we take our leave of our excellent hosts, and head for Old Trafford, where United are playing Brighton. Talking in muffled voices to disguise our southern accents, we gingerly thread through the crowd and take our places in safe seats far from the Stretford End. A boring game.

17.00: Drive to Liverpool with the prospect of meeting an even better side after another late night. A quick stop-over at Residence 6 shows us their version of St. Christopher's, only it's far worse!

Spend the evening in an utter hole of a beer-house seemingly perched on its own in a wasteland of demolished buildings. Even the chippy's closed! However, the Ten make the best of it and give rousing renditions of all the famous songs. The Wildebeest teaches us some new ones(!) and a girl companion of one of the few members of the opposition who did turn out makes a sudden exit. No powder on her nose?

On the mile-long walk back from the "local", our signologist, Thug, finds a particularly rare specimen, but members of the local police force, straying from crime prevention duties in Toxteth, perceive the worthlessness of said specimen and recommend its replacement. Duly accomplished.

Return to bed in a room covered in pictures of 38ers.

Sunday Room smells again. Different room, one room-mate different. Must be Wrecker.

Spend the morning looking at the sights of Liverpool, using Big Ears' cartological knowledge gained from watching the "Liver Birds". Skip, who has the keys to the bus, and Wrecker insist on seeing the Catholic Cathedral, and with grumpy reluctance the others are forced to follow.

At the match in the afternoon, we find the pitch on a 45° incline and only seven members of the opposition present. A chance of victory! Wildebeest emphasises our superiority by scoring with a header, uphill, into the wind, the sun in his eyes. Fortunately, he hadn't intended it. Thereafter he tried, and of course failed. Apart from a few clever square one-twas between

Skip at t'Stu, the only other incidents of any note are the next ten goals, all scored by Liverpool!

And so home, fuelled by fire-like British sherry.

Rudolph

HOCKEY

1st XI - Season 1982-3

The continuing decline of enthusiasm for sport at Guy's, as inevitable as the medic's liver's march towards his groin, hit the Hockey Club as hard as any. With new talent as hard to find as the proverbial Russell neuron, we were up against it this year. The season was a mixed one with disappointing league form and an encouraging UL Cup run.

Promotion to a higher division in the Kent League meant that absences due to electives, work and women were even more noticeable than usual. Hence the only highlights to be found were in "Boxer Shorts" Cranston's hair-do. "The Stomach's" performance at Reeds where he took an early bath (something our goalie seemed averse to) for "dumb insolence" does deserve a mention. Tariq, whose mouth seemed to have discovered the secret of perpetual motion, managed to avoid a similar fate over the season, a miracle of diplomacy on his part. "Animal" Khwaja continued to "mark" his men.

A strong UL Cup run which took us to the semi-final, and an exit at the hands of the eventual winners, saw us play our best hockey. "100%" Lobo and newcomer Tom Brink combined well in midfield, with Alan particularly outstanding while dummieing at free hits. "The Beast" was energetically consistent and the boys at the back occasionally solid. "T.T." Oastler survived the season not too embarrassed to continue playing hockey, a real achievement. The forwards were often mobile and alert and linked up well. "Coke" Karim provided continuity over the years and Simon Wyeth made a late re-appearance.

So, we packed our bags, and duly arrived at Folkestone for the Easter Tour. We were greeted by an early monsoon and proceeded to get wet inside and out. Outstanding moments included: the skipper failing to go the distance with a teratogenic curry; Guy's thirteen at the 18th hole; Oastler being done on the Dodgems by a child;

Calver's failure to break the 4 minute barrier for his demolition of 10 cream eggs; Guy's redemption on the Grand National Course and Paul's failure to stand up between fences; Murch's late-night lechering, etc, etc. The weather ensured that only one match interrupted our vigil and we left clutching our memories (and clean kit), the sound of tearing underwear ringing in our ears.

(Thanks go to all those who played for the 1st XI at short notice, too numerous to name).

Skip

SQUASH

Fifth time!

For the fifth successive year, Guy's Hospital Squash team have won the inter-hospitals cup. This is certainly a record for squash and believed to be a feat unmatched in any sport in recent years.

The team consists of several old faces (with some dispute as to who is actually the oldest!). Certainly three of its members, Colin Holden, Ray Sharp and Roger Lewis have been members of the team since before the winning sequence began and much of the success must be credited to them. In recent years, Paul Saunders and David Taylor have also played an important part in the team.

The season began, like it finished, with a 4-1 victory over the Middlesex Hospital in the Hospitals Cup Final, which had been delayed from last year. Having lost to Guy's in the final for the last three years, the Middlesex must be wondering what more they can do.

This year the Cup run began with an easy 5-0 victory over Bart's followed by the narrowest of 3-2 wins over St. Mary's Hospital in the semi-final which really deserved to be the final. Colin Holden, the Captain, playing at No. 1, found his opponent, who had not lost a game all season, in rather devastating form losing 0-3 and seemed to be suffering from shell-shock for several weeks afterwards. Ray Sharp, at No. 2, found himself playing J. P. R. Williams (not, as Ray thought, the one who plays the guitar!) and after a good start was pulled back to 2-2. However, superior fitness showed in the end and, with a rather contested penalty point awarded at match-point by a Guy's umpire, Ray proved a worthy 3-2 winner. Things began to look

ominous when Paul Saunders was unlucky to lose 2-3 and David Taylor was 1-2 and 4-7 down. Fortunately, the sight of his captain watching nervously and the prospect of his Dermatology sign-up proved inspirational for a comeback and a 3-2 victory. At 2-2, playing like a machine, our Geriatrician Roger Lewis won comfortably 3-0 to give us an overall 3-2 victory.

The final began badly after Ray Sharp pulled a muscle and was forced to concede his match after being well in the lead. However, a spirited pull-back by Colin Holden to win 3-2 and further victories from P. Saunders 3-1, D. Taylor 3-0 and R. Lewis 3-0 ensured victory. Gratitude must go to the Medical Sickness Society for presenting the Cup and providing suitable refreshments afterwards.

Guy's Hospital Squash Club is not just about the Hospitals Cup Team. The Cumberland Cup side which plays in a London league experienced a rather mixed season with a fairly successful first half, but poor second half so that they finished dangerously close to the bottom of the division. This was mainly due to the loss of several key players including the "star" Alan Elias-Jones, who unfortunately had to return to Cambridge. Then there was a spate of injuries to three members including P. Collins, the Captain, which rather weakened the team. Their replacements, Dennis McCance, Bob Taylor and Mike Moore more

than made up for what they lacked on court by admirable performances in the Bar. Mention must be made of Colin Holden who really did have an exceptional season. He will be greatly missed as he spends next year in America. The consolation, I support, is an improvement in the standard of humour and memories of his impersonations while telling the mouse and elephant joke.

As for the league teams, it's been a season of mixed results. The 1st team were promoted to Division 1 of the UL League at Christmas and, with a little more consistency, could have been challenging for the title at the end of the season. Hopefully, with Denis (contest-a-point) McCance and Bob (Guts) Taylor ever improving, things can only get better. Both the 2nd and 3rd teams were relegated at Christmas but under new leadership of Bill Hanks and Steve Loveless and the appearance of several "new" faces things got rather better in the second half and both were unlucky to miss promotion. The Women's team, captained by Alison Law, after initial difficulties with fixtures, completed a well fought and consistent season.

So, in all, a successful season and one that will be matched, if not bettered, next year, with the help of additional new faces who similarly become addicted to the sport.

D.R.T.

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CHANGE OF ADDRESS

FOX-Dr. J. E. M. - The Homestead, Barby, Nr. Rugby, Warwks. CV23 8TV.

PERSONAL

Any offers for old medical textbooks (e.g., 8th Ed. Gray 1877), and instruments. List on application to 0225 832672.



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"It has long been an axiom of mine that little things are infinitely the most important" – Sir Arthur Conan Doyle

For many final year medical students, May 6th was a joyous occasion because on that day they learned of their house appointments. Sadly, there were more applicants than jobs and so a few students were disappointed. None more so, however, than one particular student who had been virtually assured of a house surgeon's post at Guy's because of his position high in the "sign-ups" list. He was, therefore, shattered to discover that he had not been appointed to *any* post. What happened to his application deserves recording in detail and has implications for future appointments schemes. The student concerned submitted his application form in good time and this was acknowledged in writing. Following the meeting of the registrars' house appointments committee, a "clerical error" was made by a member of the Hospital Staffing Office and his name was removed from the list of applicants. He was thus excluded from the final list on which the appointments are based. He did not receive any notice of this "withdrawal", as is the custom when an applicant withdraws. There is little to be gained in recording who made the mistake, nor is this written in the hope that punitive action will be taken. Furthermore, it must be said that when the mistake was finally confirmed, the Dean and his staff in the Medical School Office and many others, made supreme efforts to find him a post. At the time of writing, however, these efforts have been unsuccessful.

What can be learned from this sad business? Firstly, the words of Conan Doyle (above) are worthy of consideration. Secondly, it is reasonable to ask whether the time has come to review the methods by which house appointments are made. The Guy's system, whereby students are ranked according to their clinical "sign-ups", is probably one of the fairest methods (and certainly better than others where students apply directly to the consultant for whom they wish to work).

However, the appointments are made at a very late stage (one month before Finals), leaving little time for the unsuccessful to search for a job. Do the final two "sign-ups" really contribute to the overall rank? Would it not be more sensible to allocate the house jobs before Christmas of the final year, in order to provide an opportunity for unsuccessful applicants to apply for non-Guy's-linked appointments? Nor are the house appointments the only Guy's jobs to be allocated very near to the starting date for the post. Many excellent junior posts throughout the country are advertised well before the Guy's jobs appear in the journals. One wonders whether many very good SHOs and registrars apply elsewhere, rather than take the gamble at Guy's. Should we rest on our laurels and allow this situation to continue?

Returning to the house appointments, there seems no need to keep secret the final ranked list of students. This list should be made available so

that students can make a sensible application rather than hazard a guess at their position. Perhaps the actual appointments could be decided amongst the students according to their rank.

While the actual house appointment the student is given may be unimportant in the long term, it represents a major achievement after five or six years hard work. Future applicants to all Guy's posts need to be assured that everything is being done to prevent another mistake. In the meantime, we commiserate with the unsuccessful applicants and, in particular, with the aforementioned student.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are June 15th and August 10th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

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Mr Kenneth Barnett, J.P., L.D.S., R.C.S.(Eng), F.I.C.D.

Mr Barnett, who was Chairman of the Council of the Royal Society of Health for 1982, has been elected an Executive Vice-President and Honorary Fellow of the Royal Society of Health. He has also been elected an Honorary Member of the American Public Health Association.

The Friends of Guy's Hospital

The Annual General Meeting of the Friends of Guy's Hospital was held at 2.30 p.m. on Wednesday, 4th May, 1983, in the Tower Lecture Theatre.

The meeting was chaired by Mr Burfoot. A £50,000 donation from the Friends was announced, to go towards the £100,000 improvement of the E.N.T. Out-Patient Department. Special mention was made of the Friends' gratitude to the students, who had raised £7,000 in their Charities' Week. Mr Burfoot thanked the many people who had given time and money to the various activities of the Friends. At the AGM, Sir Peter Baldwin, K.C.B., gave an address. He is the Chairman Designate of the South East Thames Area Health Authority, and his speech was both amusing and thought provoking. The AGM was preceded by a magnificent buffet lunch in the Robens Suite.

Thamesmead Day Centre

The King's Fund has awarded a grant of £7,500 p.a. for three years towards the salary of a co-ordinator for Thamesmead Day Centre. The Department of General Practice at Guy's Hospital is monitoring this community scheme, which provides "preventive" health care for local people suffering from stress and psychiatric problems.

Miss P. Silcox

It is announced with regret that Miss P. Silcox (Silky, as she was known to her friends) died on April 20th, after a short illness. She trained at Guy's in 1944 as a radiographer, and worked in the Dental School after qualifying. In 1958, she became Superintendent Radiographer at St. Peter's Hospital, Chertsey. She made many friends, all of whom will be saddened by her untimely death. Our sympathy goes to her family.

City Glee Club

Following the article by Dr. Jon Ayres in the *Gazette*, there has been an encouraging number of enquiries regarding membership of the City Glee Club. If any readers are interested, they can obtain further information from Dr. K. M. Willis, at 42 Great Bushey Drive, London N20 8LL.

Lady Windermere's Fan

Guy's Hospital Theatre Club announce that they will be performing this marvellous Wilde comedy on the evenings of Thursday and Friday, 16th and 17th June, in the Harris Physiology Theatre. Tickets are available from John Latimer, Boland House, Guy's Hospital, London SE1, at £1 each.

Obituary

William Hofmeyr Craib, M.D., F.R.C.P., LL.D., D.Sc., M.C.

William Hofmeyr Craib was born in 1895 in Somerset East, South Africa, into a family where education was looked upon not as a right but as a privilege, and higher learning a goal for which to strive with determination.

His mother, Isabella (*neè* Hofmeyr) was a grand-daughter of the famous Rev. Andrew Murray, a young Scottish man who was chosen as one of Lord Charles Somerset's newly qualified ministers to be sent to Holland to learn the Dutch language, before sailing for South Africa in 1822 to serve the Dutch Reformed Church in the Cape province. His grand-daughter, Isabella, was one of the first women graduates in South Africa when she obtained her B.A. Degree at Gill College, Somerset East.

His father, Professor James Craib, came from Scotland to teach mathematics, physics, greek and latin at Gill College. In due course, he and his brilliant pupil, Isie Hofmeyr, were married. Their first-born, William, or Don, as he came to be known, followed in his parents' footsteps. His school years at Gill College were scholastically note-worthy and he matriculated with the highest marks in the Cape Colony, with exceptionally high marks for greek.

A Gill Bursary enabled him to study engineering at the South African College in Cape Town, where he passed his B.A. degree with honours in maths, applied maths and physics and was awarded the Jameson Bursary for post-graduate study overseas. However, the outbreak of World War I intervened and he served under General Botha in the South-West African Campaign. On his return from active service, he was offered and accepted a post as lecturer in applied mathematics at Rhodes University, Grahamstown. The thought of what was happening to others of his generation in the trenches of Flanders and France at that time, however, made him resign from the post.

In 1915, he sailed for England and enlisted in the London Territorial Regiment of the British Army. He transferred to the Royal Field Artillery, was seconded to a trench mortar battery and spent some two and a half years in trench warfare.

It was said of him: *"This officer displayed the greatest gallantry under fire, with consistent cheerfulness and disregard of personal danger. He was an exceptionally courageous battery commander"*. He was awarded the Military Cross and Bar and twice mentioned in Despatches. Perhaps his flair for administration first became apparent when, in 1919, whilst serving in the Army of Occupation, he was appointed *Burgmeister* of Bergish-Gladbach, Germany.

At the end of the war, Craib changed from engineering to medicine. He was admitted to Caius College, Cambridge, and later entered Guy's Hospital, London, for clinical training.



In 1923, he graduated as Bachelor of Medicine, followed by his election as a Member of the Royal College of Physicians in 1924. Between 1925 and 1926, he attended Johns Hopkins Hospital, Baltimore, USA, with a Rockefeller Fellowship for Research and then carried out research at University College Hospital, London, under Sir Thomas Lewis, F.R.S. It was during these years in America and London that Craib made exciting discoveries about the fundamental origins of electricity in the human heart, from which developed his original work on the electro-cardiogram. But alas, this young man was born 50 years ahead of his time. Few, if any, understood his scientific discoveries, and those who did feared for their own reputations. Men in high positions did not take kindly to publications which they thought would undermine their own scientific status, and Craib was ordered to stop his particular heart research.

In 1930, he was awarded the degree of Doctor of Medicine of Cambridge, but, without private means to continue research work on his own, and moved by a desire to alleviate suffering, he returned to South Africa in 1931 to start practice in Johannesburg as a Consultant Physician.

Two years later, he was appointed to the Chair of Medicine at the University of Witwatersrand, Johannesburg, a position he held for 14 years.

In 1979, he was awarded the Silver Medal of the South African Medical Association for the Advancement of Science, and, in 1981, he was elected to Honorary Life Membership of the same Association. He was granted honorary degrees of the Universities of Witwatersrand, Natal, Stellenbosch, Port Elizabeth and the Rhodes University, Grahamstown, and was honoured by the European Congress of Cardiology in 1976 with a citation from the President of the Congress which read:

"I first became a fervent admirer of yours at a time when I had little mathematics and less physics and was trying to learn something of the mystery of ventricular depolarization. Your article in 1927 in Heart, and your Medical Research Council monograph of 1930 gave me clear cut answers to some of the problems I faced in those days. You opened my eyes wide with your analysis, and the study of your work was a revelation. Your work caused a revolution in electrocardiography and was a turning point which initiated a scientifically sound approach to this important field of cardiology.

You heard your work qualified as an egregious failure. But times have changed: everyone familiar with the fundamentals of electrocardiography recognises the importance of your work and does so with deep gratitude.

It is my privilege to express the feelings of European Cardiologists, but they are also those of cardiologists all over the world."

Dr. William Hofmeyr (Don) Craib died in his home town of Somerset East on April 10th, 1982, of a massive heart attack, after an emergency operation for a perforated appendix. He was one month short of his 87th birthday.

D.E.C.

H. C. C. Taylor, M.D.

Dr. H. C. C. Taylor, who was a general practitioner in Worthing for 30 years, died on 7th January after a short illness. He was 80.

Harry Charles Campbell Taylor – Bill – was born on 25 February, 1902, and was educated at Devonport High School and Plymouth Technical School before entering Guy's Hospital as a medical student in 1919. After qualifying M.R.C.S., L.R.C.P. in 1923, he became a clinical assistant to H. C. Cameron before spending the next three years as a resident at the Derbyshire Royal Infirmary. These were formative years for him, as scientific medicine was beginning to be practised in county hospitals, which before had been mainly surgical strongholds. He served his chiefs and their patients with unremitting care and increasing skill, while keeping an avuncular eye on the junior residents. He was a perpetual student who kept himself abreast of advancing medicine by careful reading of the journals and close study of his patients. In 1927, he became a ship's surgeon with the Elder Dempster line, and, on his return from West Africa, he took the M.D. and joined a family practice in Derby. He was appointed in 1929 honorary physician to the Derbyshire Children's Hospital, setting up a laboratory there and acting as pathologist. Later, I joined him on the staff as a physician and we became close friends, doing joint rounds once a week. He was a very successful family doctor: I heard of many who became his patients but never of a patient leaving him.

After 10 years of happy practice, in 1938 Dr. Taylor moved into a general practice in Worthing. For the next 30 years, we saw little of each other except when family weddings or a B.M.A. meeting brought us together again.

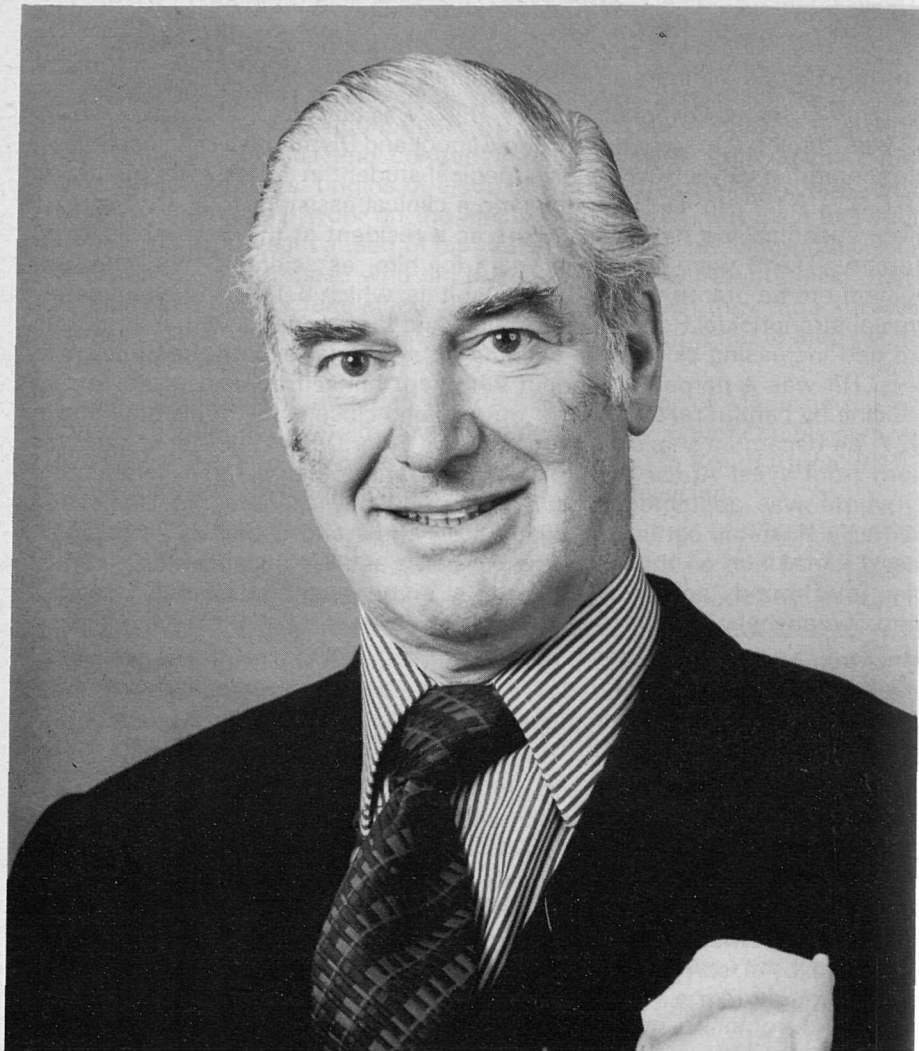
Dr. Taylor was a man of complete integrity who accepted total responsibility for each of his patients, and, when a second opinion was required, he chose his consultants with care. A Brighton physician said to me, "Bill Taylor's cases are always thoroughly worked up, and they come to consultants with the right diagnoses." When we had both retired, we met each other for lunch twice a year, swapping memories, opinions, and book lists. He is survived by a son and a daughter and seven grandchildren: these two families brought him much happiness in his retirement.

D.V.H.

Appreciation

T. L. T. Lewis, C.B.E., F.R.C.S., F.R.C.O.G.

Tom Lewis retires on the 27th May, 1983, after 44 years at Guy's. Born in London, he moved at the age of two to South Africa where his father, the late Nevill Lewis, was a well known portrait painter. He first attended Diocesan College, Cape Town, returning to England at the age of 15 to St. Paul's School, London, and proceeding to Jesus College Cambridge, before



entering Guy's in 1939. As a student at Guy's, he won the Golding Bird Medal and Prize and was a distinguished rugby player, captaining the Guy's team from 1945–1948. In 1948, he was a trialist at full back and then became travelling reserve for the England side. Later in that same season, he was selected for the England team, but sadly went down with infective hepatitis and so was deprived of his cap. He has remained a staunch supporter of Guy's R.F.C., has written its history in the *Gazette* and served as its president for many years.

In 1944, Tom volunteered for the South African Medical Corps and served in Italy and Greece. Returning to Guy's in 1946 as obstetric and gynaecology registrar to Mr. Cook and Mr. McNair, he obtained his F.R.C.S. in the same year, but his chief triumph in that year was to marry the lovely

Kathleen Moore ('Buntyn'). Of his 5 sons, the eldest, John, qualified at Guy's in 1974. Such was Tom's ability that, in 1948, he was appointed to the Consultant Staff of Guy's and, as junior Consultant, lived at 4 St. Thomas' Street, so dealing with the heavy obstetric emergencies. Further consultant appointments soon followed: Chelsea Hospital for Women in 1950, and Queen Charlotte's Hospital in 1952.

There is no one who has contributed so freely to all aspects of obstetrics and gynaecology. He has served as an examiner to the Universities of London, Cambridge and St. Andrew's, the Society of Apothecaries and the Royal College of Obstetricians and Gynaecologists. He has worked indefatigably for the College, being in his time Honorary Secretary, member of Council and, in 1976-78, Senior Vice President. Elected president of the Obstetric section of the Royal Society of Medicine in 1980-81, he also served on the D.H.S.S. Working Party which introduced the 'Cogwheel' concept for hospital administration. He was the first Chairman of the Division of Obstetrics and Gynaecology at Guy's, a post he held for 8 years, whilst concurrently Chairman of the Joint Medical Committee at Queen Charlotte's and Chelsea Hospitals.

As an author, Tom Lewis has written extensively on his subject, both in undergraduate text-books ("*Queen Charlotte's Text-book*" and "*Ten Teachers*") and postgraduate journals. However, he will be best remembered for his own book "*Progress in Clinical Obstetrics and Gynaecology*" published in 1956, with a second edition in 1964. This was a milestone in postgraduate training, and, for over 15 years, was essential reading for every aspiring obstetrician/gynaecologist. The magnitude of his achievement is shown by the fact that this was the last single author review text-book in the discipline - all succeeding works having multi-author contributions.

In 1959, he travelled as guest professor to Australia and New Zealand and, as exchange professor, visited the Johns Hopkins Hospital in 1966. In 1970, he represented the Royal College as the Sims-Black travelling professor on an arduous tour of Australia, New Zealand and Rhodesia - this is the most prestigious of the lectureships in the College gift and it is of interest that two Guy's men had preceded him. He is known in many other parts of the world through his travels with the Gynaecological Club of Great Britain and Ireland. In 1973, Tom Lewis was appointed Consultant Obstetrician and Gynaecologist to the Army and, in recognition of his contribution, was awarded the C.B.E. in 1979.

Away from his work he has many interests. He can regularly be found at the Royal Wimbledon Golf Club, on skis in the winter and on a sail-board at Elba in the summer. He enjoys a truly magnificent cellar (only a few bottles of *Chateau Latour '46* left now, sadly!) and is a most enthusiastic photographer. Fungi, art and astronomy may also be included in his repertoire.

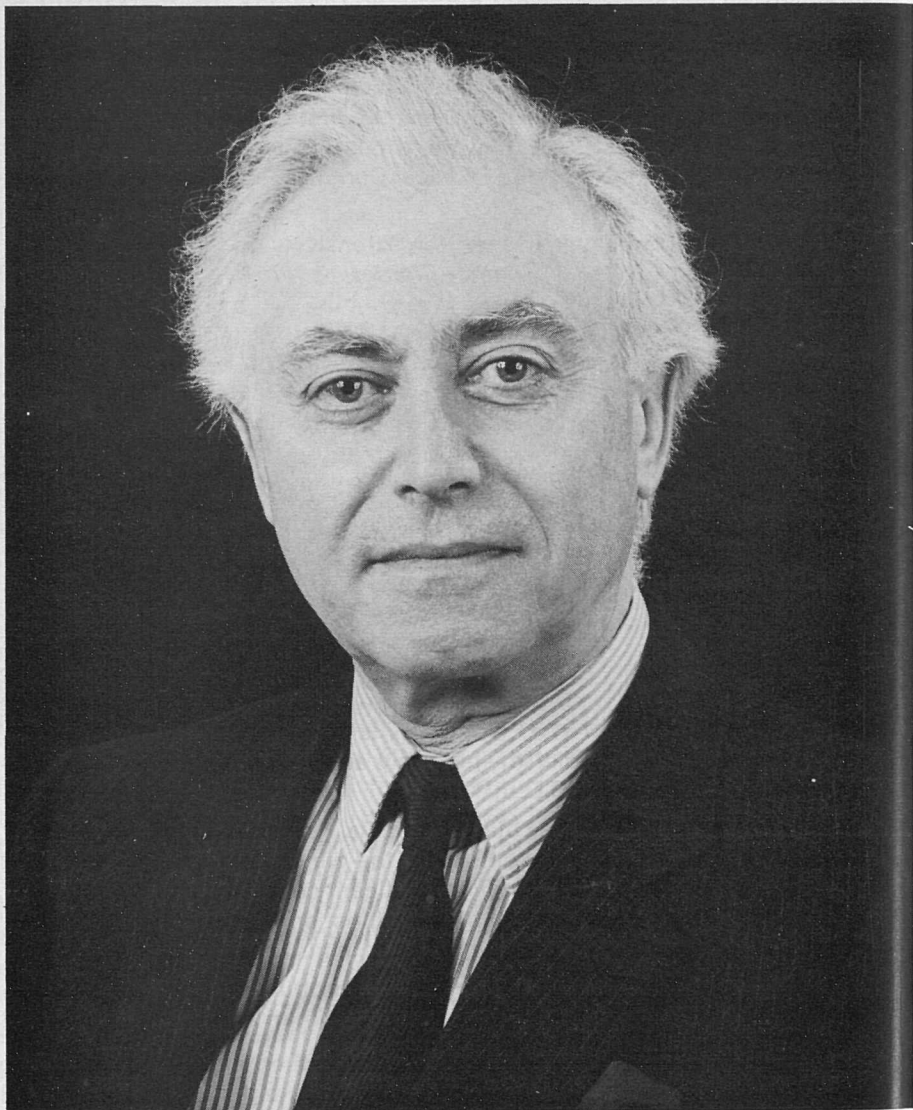
There is clearly plenty to keep Tom Lewis busy during the years to come, and, on behalf of Guy's, we extend to both him and Buntyn every fond wish for a long and happy retirement.

E.D.M.
T.M.C.

J. J. Fleminger, M.D., F.R.C.P., F.R.C.Psych.

Dr. Fleminger joined the staff of Guy's in 1955. He retires at the end of June, 1983, after a career of singular distinction.

John Fleminger went from Trinity College, Cambridge to St. George's for undergraduate clinical training and House appointments. After service in the RAF, he returned to St. George's as psychiatric registrar and then, in 1950, moved to the Maudsley. At this time, Sir Aubrey Lewis was at the height of his influence and powers and was attracting to the Maudsley young doctors who could, through ability and skill, improve the standing of psychiatry within medicine. John Fleminger, by now an M.R.C.P., was already



influenced at St. George's by Wylie McKissock and Desmond Curran, and well aware of the increasing importance of psychiatry in medicine. However, Lewis was promoting what has been called a "psychobiological" approach to clinical psychiatry (after Adolf Meyer, who convinced Lewis of its value), which inculcated clinical habits – of note keeping, case taking and presentation, and formulation – which have influenced the Fleminger practice ever since. Also, while at the Maudsley, Dr. Fleminger met and married Ruth who was then also a trainee there.

As a senior registrar, Dr. Fleminger (or JJF as he has been affectionately known) was at the Maudsley and also Warlingham Park Hospital, where the British psychiatric giant, T. P. Rees, was unlocking wards and sounding his clarion call, "back to moral treatment and community care". JJF has retained ever since a lively interest in community psychiatry and a special affection for Warlingham Park Hospital.

So JJF came to Guy's. He joined David Stafford-Clark, and Guy's psychiatry entered a most celebrated phase. Academic productivity and renowned teaching of both undergraduates and postgraduates were always based upon clinical practice of the highest possible standard. There was expansion, too. Child psychiatry became differentiated from its parent; and St. Olave's psychiatrists joined Guy's colleagues in 1965. This brought together JJF and Arthur Oldham, who had been together at the Maudsley some 15 years earlier.

Then, followed David Stafford-Clark's retirement, with the Academic Department being established in 1974. A curious business, a Professorial Unit. After all, it's supposed to do what a teaching hospital physician like JJF has been doing anyway. Nowadays, much of psychiatry has to do with catchment areas; policy is for a consultant to be responsible for psychiatric disorder in a defined population. Only academic units are sometimes allowed to see patients from any area.

JJF has never been a catchment area doctor. His patients have come far and wide as referring doctors have sought a wise opinion and expert treatment for people with whom local services have not succeeded. In theory, this function should now be served by a Professorial Unit, and teaching hospital consultants without catchment areas are officially obsolete. How silly official policy can be! If the Guy's academic unit can provide a clinical service which can be mentioned in the same breath as JJF's, it will be honoured indeed. What a standard to aspire to follow!

Generations of Guy's students remember JJF's teaching. Either in outpatients, pointing to connections between a patient's past experience, present circumstances, and symptoms, providing a memorable sense of meaning out of what was often initially worryingly confusing; or at inpatient conferences where the student learned the method of ordering information and thought which was of such value later, in whatever speciality.

And what of the trainees (or as JJF sometimes persists in calling them, house physicians and first assistants)? They have always had real personal supervision of clinical work; opportunities for involvement in clinical

research; and wise career guidance and encouragement – JJF's doctors share lasting gratitude and affection for the training he gave them. We are thankful JJF was able to spread more widely his expertise as a trainer of senior registrars by his membership of the Joint Committee for Higher Psychiatric Training for 6 years until 1982.

And what if we ask about lasting contributions to knowledge? Early on were papers on steroid psychosis, and psychiatric referrals from general wards; then, there developed interests in laterality and handedness, and in electroconvulsive therapy, which have continued and issued major studies; and there were papers on the diagnosis of dementia and on patients in which diagnosis was particularly difficult. And a continuing interest in the history of psychiatry at Guy's; a recent lecture on the early Guy's names – John Dickson, George Savage, William Gull (did you know he was among other things a psychiatrist?), Maurice Craig, among them – has provided a treasured recording which will be transcribed. Hypnosis is another of his abiding interests.

Evidently JJF is irreplaceable, as clinician, teacher, researcher. Those who remain have appreciated his example, guidance and courteous wisdom and know that the course they must follow is simply to keep up his standards. It is difficult to think of JJF retiring from psychiatry, but his wide other interests are sure to benefit. Travelling, art and history both natural and man-made will definitely receive more attention. All his friends wish John a long and happy retirement. Ruth has her own Consultant practice, so John will continue to be exposed to clinical psychiatry.

J.W.

Clubs' Union News

Here, as promised, are the results of the recent Snowflake Ball Questionnaire:

	To move the Ball	To keep at Guy's	Totals
Medics:			
1st	9	8	17
2nd	44	16	60
3rd	38	3	41
4th	34	5	39
5th	8	4	12
	<u>133</u>	<u>36</u>	<u>169</u>

Dentists:

1st	10	24	34
2nd	20	6	26
3rd	6	8	14
4th	13	15	28
	<u>49</u>	<u>53</u>	<u>102</u>

Overall	182	89	271
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As can be seen, the medics were strongly in favour of moving the Ball out of Guy's, whereas the dentists were marginally in favour of keeping the Ball in Boland House. This latter result may be partly due to the fact that dentists already have their own Ball, held in a West-End hotel.

It may be said that the number of questionnaires returned is quite small compared with the number of students at Guy's. Regional appointments take some students away from the Hospital and other students may not have voted owing to the imminent termination of their studies or from feelings of relative lack of knowledge about such events.

Many people may not be especially concerned where the Ball is held, but it would certainly be undemocratic to ignore the view of those who actually did take part in the survey.

The written comments were very useful. Most people said that they did not mind paying more money to make the Ball more of an occasion; some suggested that a separate Medics' Ball should take place, perhaps on the same night as the Dental Ball. That certainly provides some food for thought for the future, but, in view of past difficulties encountered in trying to run a Medics' Ball, there will not be a separate event this year.

A wide variety of venues is being considered for Snowflake '83, but it remains to be seen if there is enough time to book a suitable venue for this year. If not, then the Ball will be held at Guy's and will be moved out next year.

Your comments are always welcome on any of the aspects of life at Guy's, so if there are any burning issues which you want discussed, then let your Year Reps know. Then, hopefully, we can keep abreast of popular opinion and institute changes where possible.

Good luck to all those with exams.

Simon Ward

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

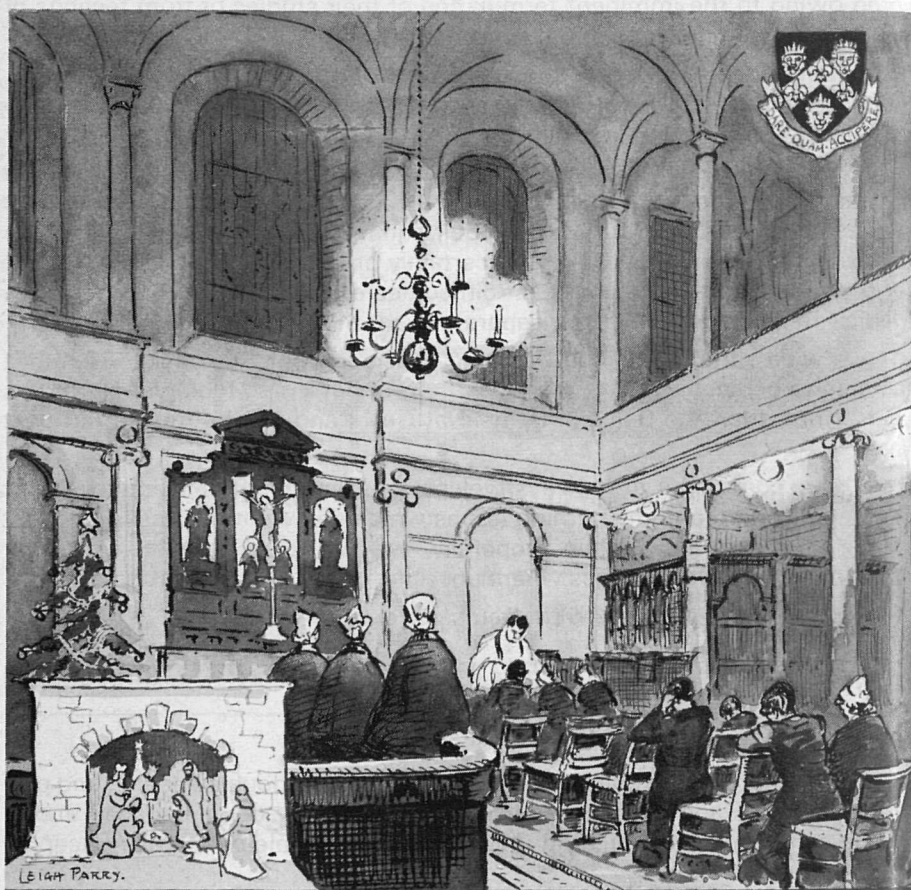
A Few Memories of Guy's 1921–1929

by Edith M Trick

To look back over the years spent at Guy's, gives me so much pleasure, and I have wondered if the present nurses would be interested to read of the training of 60 years ago.

We entered the Preliminary Training School for six weeks, at, I think, the fee of £22, having obtained our uniform from Garroulds beforehand. During that time, we had lectures on anatomy and physiology from the Senior Sister, and hygiene and practical nursing from the Junior Sister. We were not allowed to speak to any nurse in training, or enter any ward. We were known as the "lambs".

Each morning, we attended Chapel, and sat in the gallery. We then started our daily work and were given books in which our work was written.



These were changed each week. An "outsider", Miss Richardson, came once a week to give us lessons in Sick Room cookery – we were responsible for all meals in the nurses' Sick Room – and, every Saturday evening, we had a talk on Hospital etiquette. On the last evening in the P.T.S., Matron came to give us some advice. Two things stand out in my memory:

(1) Never get too friendly with the students or doctors, for if anything goes wrong it is *never* the Doctor, but *always* the nurse!

(2) Remember that if you see anyone waiting outside the ward, always speak to them. Do not forget they are worried and anxiously waiting for news of their relative in the ward. Give them a smile, and tell them that Sister will give them all the news.

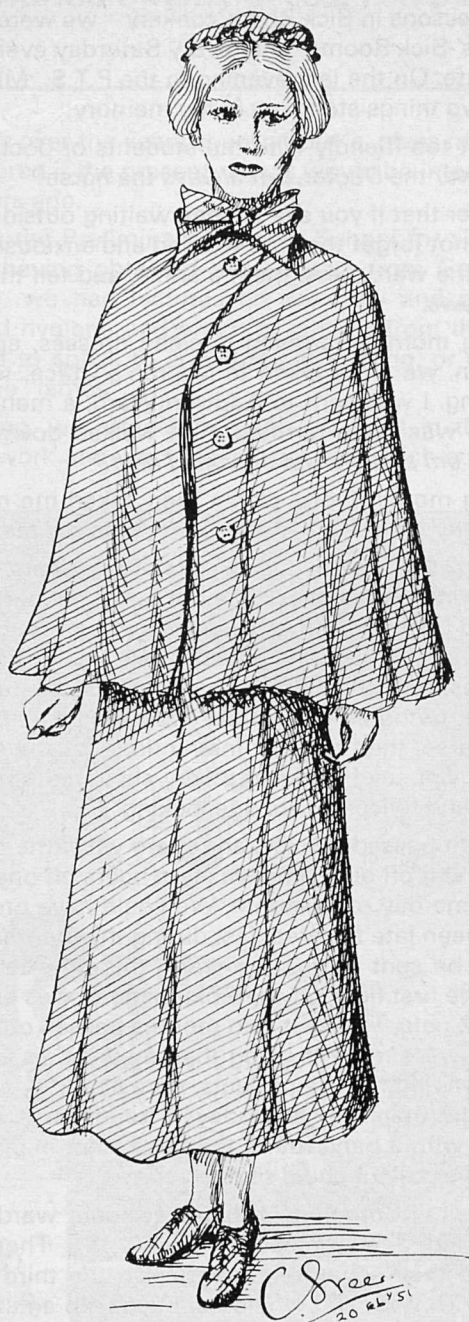
The following morning, arrayed in clean dresses, aprons and caps, in fear and trepidation, we were taken to Matron's Office, to be told to which ward we were going. I was sent to Addison Ward, a men's medical ward in Hunt's House, and was quite terrified. As I walked down the ward, a man said: "*We shall 'av 'em straight out of school next.*"

The following morning, one of the men asked me my age, to which I replied: "*As old as my tongue and a little older than my teeth!*"

Each morning, we had to take enormous baskets to the Dispensary filled with empty winchesters, medicine bottles, and "bed letters" on which new medicines had been written. A Dispensary boy brought them back. We then swept the ward, tidied and cleaned all the lockers, and gave out bedpans and bottles, and drinks to the patients. Before our "daily round and common task", we gathered in Sister's room to hear the report from the night duty Head Nurse, then had our instructions for the day from Sister. At this point, I feel I must say I had had a very sheltered up-bringing, and was "as green as grass and twice as cabbage looking"!

The first month passed quickly, and there was little time to learn much about the patients. Our off duty time was two hours off one day and three the next, and we had one day off a month. We could have breakfast in bed that day if we had not been late for breakfast during the month. Again we went to Matron's Office to be sent to another ward, this time to Lydia, a women's surgical ward, on the first floor off the Colonnade. It was an "L" shaped ward with 22 beds and 2 cots. The next two months passed quickly, but I decided that surgical cases were more exciting than medical, as we lost no patients during the time I was there. The patients were cheerful, although they were kept in bed far longer than they are today. A hernia case was kept in bed for 21 days, lying flat, with a band round the head, kept in place with sandbags each side, so that the patient could scarcely move.

Night duty was in Cornelius, a men's accident ward. There 22 beds – 19 for accidents and 3 on precaution for "V.D.". These patients had a separate sluice and their separate crockery. On the third night, I asked my Head Nurse what V.D. was, and why precautions? In amazement, nurse said to me "*Little Gibbs, where did you come from?*" I replied: "*Stratford-on-Avon.*" She laughed, and said "*Do you not know anything, I will tell Sister in the morning!*" Sister very kindly explained it to me!



1914

There was only a Head Nurse and a probationer on duty during the night, and when the H.N. went to the nurses home to a midnight meal, I was left alone. In bed no. 4 was a very large policeman, who had been badly concussed, and for some time a policeman sat by him all night, as he was inclined to be violent at times. When he improved, the night policeman left. The Junior Probationer had to wash all theatre towels after any operation during the night, and, one night, I was washing the towels, in the bath, when the door slowly opened, and this enormous man appeared, and said "*Ah I have got you all alone*". I was terrified, but tried to appear as calm as possible, and said "*Oh Robert,*" (all P.C.'s were Robert) "*you are just the person I need, to help me wring these towels.*" This seemed to surprise him and I managed to go to the door and get help.

I shall only relate a few of the amusing things that happened during my training. In one ward a man had a fractured jaw, and one morning as I passed his bed, he called me, and it was very difficult to understand what he said. He asked if I was going shopping, in his cockney accent, from which I gathered he wanted a "*roipe pear*". Asking him how much he wanted to pay for it, he replied "*abart a shillin'*". I thought that was rather expensive, and the largest I could get was a sixpence. Going on duty, I passed his bed and I gave him the pear. He opened the bag, looked very astonished, and said "*Roipe pear, roipe pear, I asked you to get me a wroitin' pad!*"

Mr. Eason was the Medical Superintendent in my day, and I was a Junior Pro. in a surgical ward. One day I was on some very high steps, turning out a cupboard filled with grey socks. I did not see Mr. Eason come in. He visited each ward every week, for Sister to read the books of "Ins, Outs and Deaths". He always wore morning dress and a top hat. On this particular morning, he left his hat on the first empty bed, and I happened to look down, and to my horror, his hat was full of socks! Fortunately, he was round the corner. So I scurried down, removed the socks, carefully smoothed the top hat, tidied the remaining socks on the bed, and started to put them back in the cupboard.

After passing the Head Nurses Exam, in due course I was given Strings for Martha Ward – a women's surgical ward. There were 22 beds and 2 cots. Sister Martha was tall, elegant, and very exacting. The ward had to be tidy at 10 o'clock, and then Sister did her "round". She stood at the top of the ward, with me beside her, and said: "*Do you call this tidy Nurse?*". I answered timidly "*Yes Sister*". Then she said "*Look at bed no. 4, there are 5 curtain rings drawn, there should be 3. Look at the counterpain on no. 4, it is uneven on one side, and there is a towel showing on locker 20.*" I learnt so much during my year there, but I was very happy, and it was a chance to get to know the patients.

Mr. Fagge and Mr. Davies-Colley were the surgeons on Martha, and Mr. Metcalf was the R.S.O. One day a patient was admitted, a girl whom I had nursed in Esther Ward, but she had not been diagnosed. Mr Metcalf came to see her, he asked no end of questions about her holidays and various other things, and he examined her – then when walking up the ward to open the

door for him, he said: *"That girl is pregnant"*. I replied: *"Mr. Metcalf, she is not married"*. I never lived that down!! In Victoria Ward, there was a beautiful blond girl, who had a baby with a mop of red hair. One day I said to her: *"Your hair is blond, was his father's hair dark?"* Her reply was: *"I dunno, I never saw 'im wiv 'is 'at orf."*

The three years training seemed to pass very quickly, and much to my surprise and delight Matron asked me to come back as a Staff Nurse. This involved working in the wards for a year, then going on the district to do Midwifery. After six years, I returned to Guy's, and was sent to Stephen Ward, a Medical Ward in Hunt's House.

All nurses attended Chapel every morning, and, after 3 months, Sister told me Matron wished to see me at 10 a.m. That morning I had missed Chapel, because I had overslept, and occasionally I played the organ if the organist was not there so I thought I was going to be ticked off for that! Entering the office, I was told to sit down, and then Matron began to go through my reports, and said *"In nearly all your reports, it is mentioned that you are a good teacher"*. I had never done any teaching in my life, but had only tried to interest the Junior Probationers in various things. Matron offered me the post as Junior Sister in the Preliminary Training School, and added that if I refused, I should not be offered another Sister's post. I was given a few days to think it over, and within a few days I was in blue uniform, much to my amazement!

After 2 years, Matron wished me to take my Sister Tutors' course, but I told her I would much rather go back to nursing. This involved going on night duty to get used to the wards again. If a ward became available after that time, she would consider it.



There were three night Sisters: Miss Parke ("Sister Alice" who seemed to have been on night duty for years and was the Senior Medical Sister), the Surgical Night Sister, and the Theatre Sister. We had two nights off a month, and as I had not done my midwifery, Sister Alice tried to arrange her off duty when no babies were expected in Victoria. Once, when she was off duty, an urgent message came to the Office – could I come, as Mrs. X was having her baby. I was met by a rather agitated Houseman, who had never delivered a baby before, and he said "Oh Sister, I am so glad to have your moral support." Knowing the nurses there had delivered many, I said not a word. After it was all over, he thanked me very much for my support, but I congratulated him, and much to my relief, all had gone well.

Sister had a very good sense of humour, and one night, a nurse came hurriedly into the office and said "*Sister could you come to Addison, number 22 is going*". Her sleeves were rolled up, and no one ever entered the office like that! Sister calmly looked up and quietly said "*Nurse where are your cuffs?*" Nurse apologised, and said "*You are needed, very quickly, number 22 is going.*" "*Going where nurse? Do you mean he is dying?*".

Eventually, I was sent to Evelyn Ward, a women's accident ward, at the top of the surgical block. There were three surgical beds, 18 beds for accidents and two cots. Children with severe scalds, burns or broken limbs occupied far more beds than the women.

On Saturday afternoons, I entertained all the children who were allowed to get up, in my sitting room off the ward, for tea. They had iced buns, and jelly. One week only my Bill was up, so Sister Luke allowed another Bill from her ward, to join mine. He had a tracheotomy tube in and could only speak in a whisper. I had brought a honeycomb from home, and the boys were very intrigued. "*What's that?*" said Luke Bill, "*Honey*" I replied, "*for you to have on your bread and butter for tea.*" "*Where's it come from?*" "*Bees make it.*" "*What's that stuff outside?*" "*Wax*", I said. "*Where's that come from?*" By this time my Bill (the story of whom is in "*Guy's In My Time*"), was getting impatient and hungry, so he replied "*Out of their ears silly!!*" I have kept in touch with Bill for over 60 years – I wonder if this is a record?

My salary was £80 a year, but that included meals and laundry. Off duty time was a half day every Wednesday, and Saturday and Sunday, every other weekend. I left Guy's in September 1929, to marry Scott Russell Trick, who qualified at Guy's, and who died in September 1974, after 48 very happy years together. In addition, two of my grandsons, Paul and Peter Holmes, have recently qualified from Guy's, both of their wives being Guy's girls.

The Light of Experience?

by Guy Butcher

Before dismissing this prose as yet another attempt to prick your already painful conscience, be reassured: I am going to talk about hologra-

phy. This not so new technique offers us the possibility of recording on film any object of a suitable size so that when viewed it is possible to see the image as though the complete object were in front of the viewer. This means that as you move around the picture, it may be seen from any chosen viewpoint. If the hologram is made of a statue, for example, one may even look up its nose. Those of you who have seen holographic exhibitions will know what this means – it is a matter of experience. My attempt at eloquence will unfortunately not convey the wonder and mystery of what you may see when viewing a hologram. It is hoped, before too long, to put on an exhibition here at Guy's so that you may come and see for yourselves.

Whilst there are many analogies between the art of photography and the technique of holography, there is a fundamental difference. It is essential to use a laser light as the source of illumination. The hologram is a record in time and space of any object and depends upon recording the interference pattern reflected from the object. Single colour (monochromatic) or wavelength light is shone from the laser light onto the object, having first been split or divided optically so that a portion of the beam illuminates the object and is allowed to fall on to the film (dirty light). The remaining portion is directed onto the film (clean light). It is this admixture of clean and dirty light that causes an interference pattern to be recorded in the emulsion of the film. After processing, it may be illuminated with either a point source of white light or single colour light, so that the viewer beholds a complete three dimensional image that changes in its perspective according to the point of view.

This all sounds fairly complicated – but it is a relatively simple technique. What is so difficult to understand is the completeness of the image. Consider for a moment what the reactions of people in former times were to their first view of a photograph. How was it possible simply to have a large box pointed at a subject that allowed the photographer to create a perfect image of his subject? It was a mystery to most people.

You have probably heard of the reaction of primitive people, even nowadays, to a traveller arriving in their village with a Polaroid camera. With a little persuasion – usually in the form of beads or trinkets – the villagers are encouraged to stand together looking at this funny object. The exposure is made and a couple of minutes later they can see themselves and their kinsfolk. This must be an amazing sensation. Certainly, the first time I saw a hologram I stood open-mouthed in wonder – which increased as I moved around the holographic image.

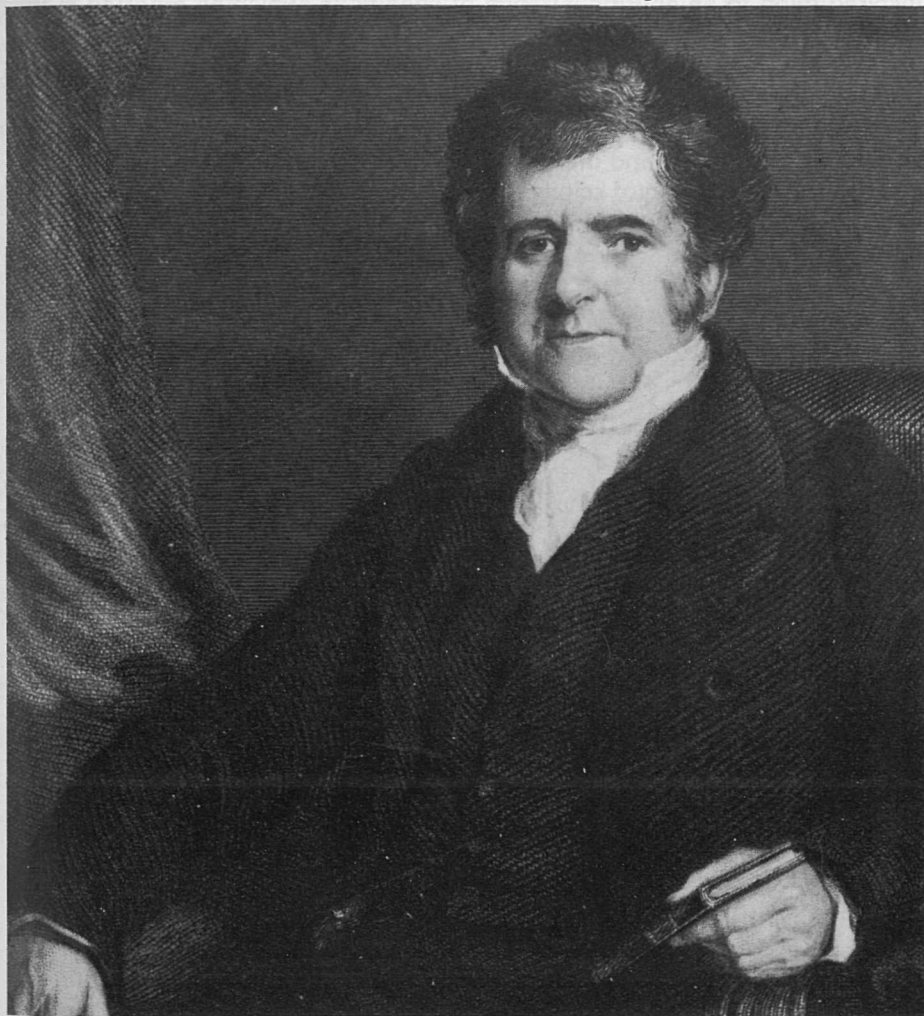
At this stage you might well ask yourself: what am I proposing to use this technique for in a clinical application. Briefly, it offers the possibility of comparing pre- and post-treatment dental study casts. This is practical because a study cast may be introduced into the holographic image of an earlier or altered study cast allowing visualisation, comparison and quantification of the differences due to growth and treatment. This is quite simply something which has not previously been practical because of the complex specialist equipment that was necessary.

Kaleidoscope

by Timothy Houlding

Arguably the golden period of Guy's Hospital, the first half of the nineteenth century was to witness the emergence of Guy's most celebrated sons, the development of a large number of extensions to the Hospital, and the foundation of the Medical School as an independent entity.

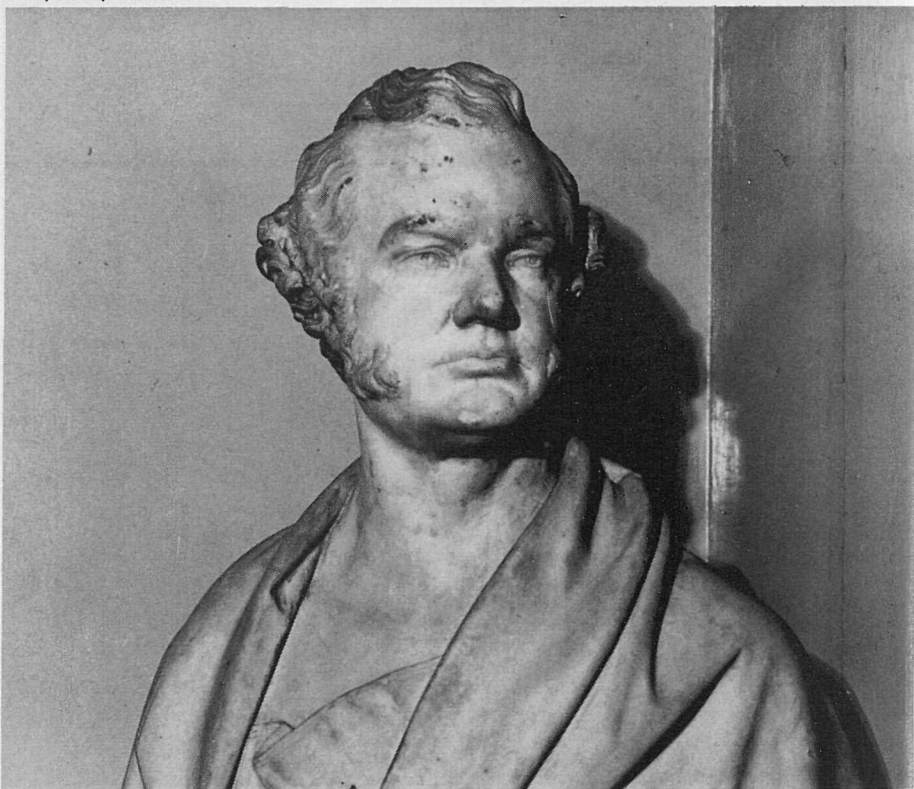
Having already spoken briefly of Babington and Cooper, we must bring the great trio of Bright, Addison and Hodgkin into the picture. Richard Bright (1789–1858) was born and educated at Bristol, being the son of a wealthy



Richard Bright, physician to Guy's Hospital between 1820 and 1843.

banker, and brother of a Member of Parliament. His individualistic approach to life is witnessed by his extensive travelling during his medical education, which included an expedition to Iceland and a tour through Hungary. Following his appointment as Assistant Physician in 1820, Bright set to work to establish associations between the symptoms and signs of disease and the pathological processes that became obvious at *post mortem*, one of the most significant of which being the discovery of "an albuminous condition of urine". Later in his life, he extrapolated his examination of renal disease – an area of medicine that had hitherto been neglected – by persuading the Hospital Treasurer, Mr. Harrison, to allocate fifty-two beds for a period of six months for the intensive study of diseases of the kidney. Bright did not confine himself to renal disorders, however, and he applied his fertile and inspired mind to an enormous range of conditions, which he reported in the "*Guy's Hospital Reports*".

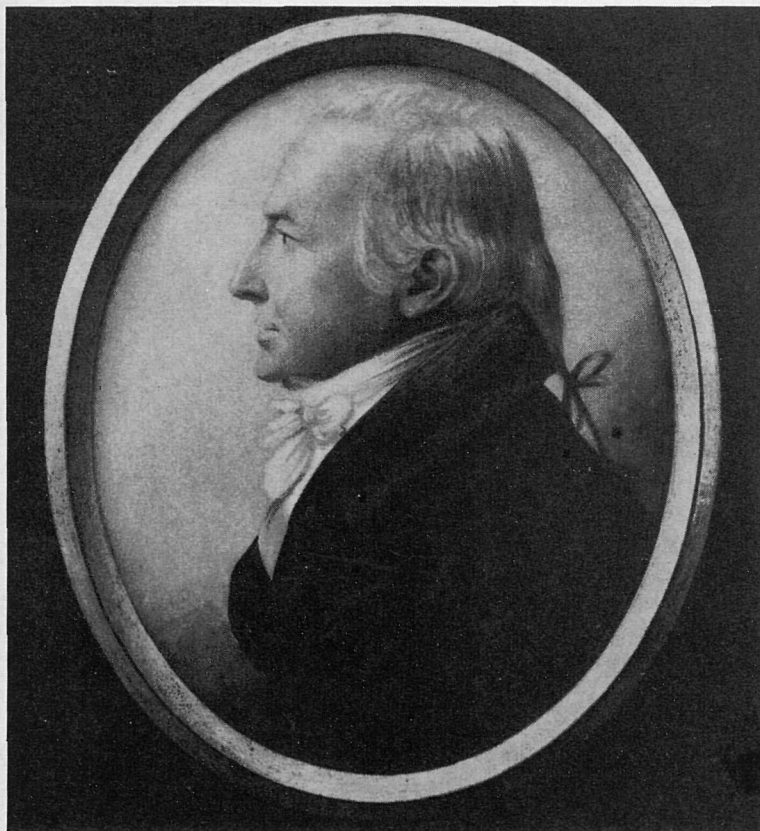
Somewhat in contrast to the spirited nature of Bright, Thomas Addison (1793–1860) was plagued with unhappiness and insecurity, which, nevertheless, did not prevent him from performing highly original research into both lobar pneumonia and the disease which now carries his name. Sadly, as befalls many great men of science, his originality of thought was appreciated fully only after his death.



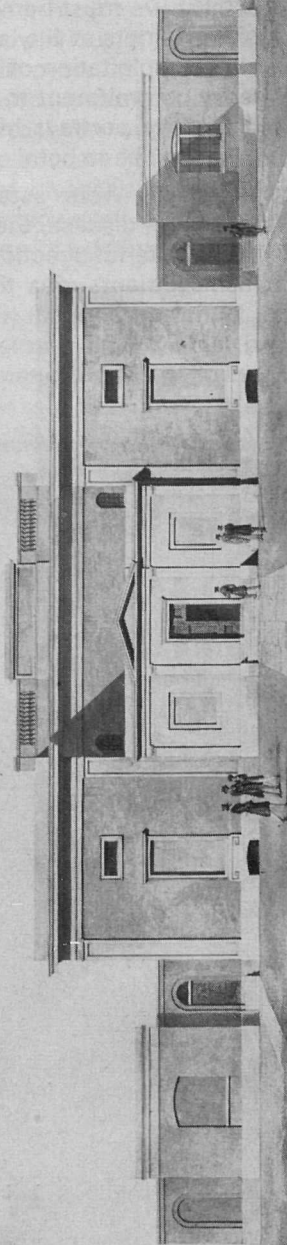
Thomas Addison, physician to Guy's Hospital between 1824 and 1860.

The third of the trio, Thomas Hodgkin (1798–1866), was born to a highly literate and socially conscious family of Quakers which has produced a lineage of distinguished figures. He, like Addison, was never accorded the credit to which he was rightfully heir, and, indeed, failed to secure a staff appointment at Guy's. Whilst we must bemoan his loss to medical science, following his unsuccessful attempts at Guy's and St. Thomas's, his forthright and sincere revulsion at the exploitation of all manner of oppressed people was to lead him to a heavy commitment to philanthropic works. The article published in the March *Gazette* portrays his fervent and devout works far more ably than can be given justice to here.

Whilst these three giants were establishing their highly individual approaches to the elucidation of disease, the fabric of the Hospital itself was being developed under the masterful direction of Harrison, the Treasurer. One of Harrison's greatest achievements was to persuade one of the Hospital Governors, Mr. William Hunt, to bequeath his large fortune to the benefit of Guy's. When Hunt died in 1829, his estate of some £180,000 was made available for the purposes of enlarging, extending and furnishing the Hospital.

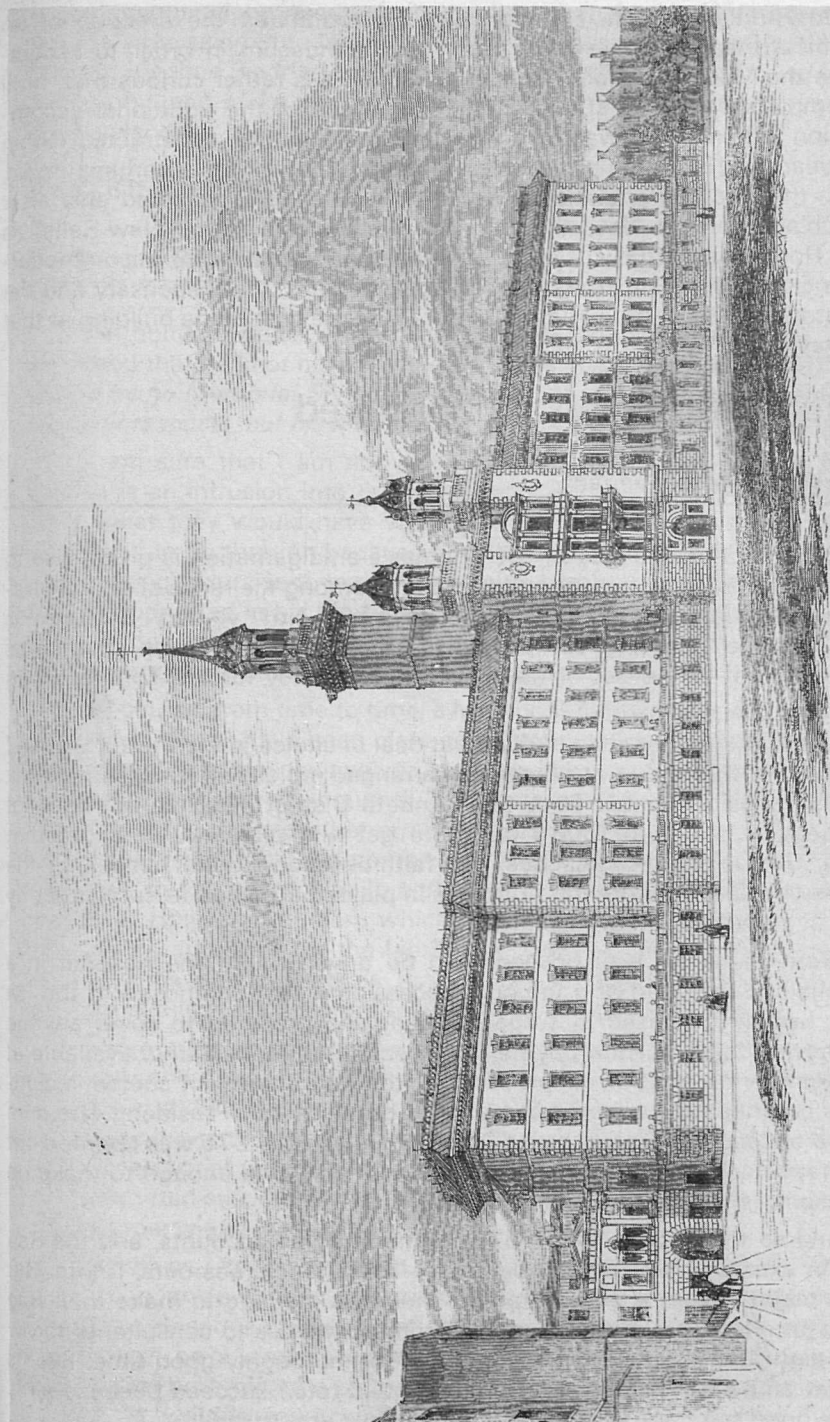


William Hunt, benefactor to Guy's Hospital



TO BENJAMIN HARRISON ESQ^{RE}
TREASURER OF GUYS HOSPITAL

THIS VIEW of the ANATOMICAL THEATRE erected A.D. 1825.
is respectfully presented by his obliged servant
Samuel Robinson Archd.



Hunt's House as seen in 1852.

Prior to Hunt's bequest, Harrison had masterminded the erection of an anatomical theatre, a dissecting room and a museum, in order to accommodate the Medical School, founded in 1825. It is rather curious that, until the completion of Hunt's House in 1852, much of the additional accommodation within Guy's was of a very temporary nature, constructed within three years of Hunt's death in order to satisfy his will. It is perhaps ironic, indeed, that the plans for the new Hunt's House were projected only after Harrison's retirement. Nevertheless, whatever the delays, the "New Halls" as Hunt's House was initially called, was opened in August 1852, accommodating the Out-Patient Department, the Taking-in Halls, the Dispensary and the Laboratories. It is of some interest to note that the cost of the building at that time was £35,615.15s.6d. Happy days!

Captured, Broomed and Plastered

by our Ward Correspondent

It seems that the Guy's – St. Thomas's amalgamation is giving rise to extraordinary heights of cooperation, not only among the ranks of administration, but also between students. "Shock! Horror! No!" you cry. But there is worse to come – the highest-ranking official of our own Clubs' Union was actually caught in the act of helping to raise money for the Tommy's Rag Week!

Not that the poor chap had a great deal of choice in the matter – or so I hear. Rumour has it that our President arranged a pleasant lunch-time drink with his opposite number from the Lambeth District Hospital, but had not bargained for the Boat Club's desire to get him plastered in a different fashion. So, borne by a minibus, our faithful leader found himself in the enemy's casualty department, both legs in plaster, attached to each other by means of a sawn-off broom handle.

From there, he was privileged to be driven round the hospital in a wheelchair at the head of a famous procession – that composed of the Hit Squad, heavily disguised in surgeons' gear and prepared to cover anyone with shaving foam, for the payment of a small fee (consultants available at the bargain price of £50). All proceeds to the Rag Charity, of course, including the contribution collected in his urine bottle by our President. The sum required to secure his release was £100, but, alas, only £75 was counted out of the receptacle, so our own Medical School was kind enough to make up the ransom.

And so to freedom, but a jolly afternoon by all accounts, and the Rag raised in excess of £15,000 altogether – some four times ours, I note. But why? I might hazard a guess that St. Thomas's manage to make their Rag Week a true Hospital event; everyone from domestics to consultants throw their weight behind the events – and have a thoroughly good time. Events need not all be outrageous, but the Hit Squad (etc.) succeed because all is taken in good spirit and targets take precautions accordingly.

It might all be ascribed to the fact that such events are expected, provide entertainment and, above all, raise money for a worthy cause. Perhaps it's time we tried to establish a new tradition at Guy's – to overcome the apathy, and make our Charities' Week the most important event on the Guy's calendar.

Reconsidering Memorial Services

The Reverend Robert Kempster

An obituary of Sir Adrian Boult spoke of his musical career at length, but noted that he kept his private life very private. *"He even willed that there should be no Memorial Service, which is sad for the many who would like to pay their respects, but his memorial is, after all, in his records."*

I am sure that I am not alone in feeling that sometimes a Memorial Service is an intrusion into the private life of a person and their family. Is it really what they would have wanted? Is it just a further ordeal which the family has to go through because of a relentless tradition? Is it sometimes a "face-saving" exercise to honour someone who was not fairly treated or adequately supported in his life-time? And if the Church just goes along with all this, is it because there is nothing else to offer in order to honour someone's memory and bring comfort and hope to the family and friends?

Of course, from time to time, a Memorial Service seems absolutely right and fitting. It may have been planned before a person's death, and often the family have been closely involved, perhaps helping to choose the hymns and the music. Sometimes, thoughtfully, a note has been left with the will concerning the funeral and other arrangements. It often happens that where the family are regular church-goers, the whole service becomes more of a thanksgiving for a person's life and work – it may even be arranged round a service of Holy Communion, which brings a special strength and peace. It may still be an ordeal for the family, but there is also a sense of pride that many friends and colleagues have come to pay their respects, and the memory of this may be a great support in the lonely years ahead.

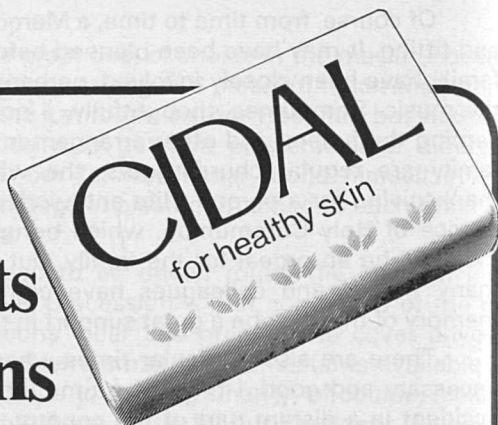
There are also particular times when a Memorial Service seems to be necessary and good. I think of a time when a young nurse was killed in an accident in a distant part of the country. Her whole set and many others in the Hospital wanted to share their sorrow and shock, and in some way to express their grief. Again, such a service can be of great value after someone has committed suicide, where the family and friends are longing for the hope of God's mercy and love.

However, I am sure that on a number of occasions there are other ways of marking one's thanks and honouring the memory of those who have served the Hospital. One suggestion is the planting of a tree in the grounds. There could be a simple ceremony, an address, and possibly a prayer. Or there might be a gift of a picture, with a small plaque, to brighten up some corridor or waiting room, and again there could be a simple "unveiling"

ceremony together with a buffet lunch. On one occasion, there was a concert with appropriate readings given by friends and others. Or again, one might suggest that a certain amount of money could be left in a will to provide for the re-furnishing of a rest-room, or a shelf of books in a library. To this, donations would be invited and those who gave towards the project would be asked to a simple opening or dedication ceremony with an address, the unveiling of a plaque, and perhaps a prayer of thanksgiving. Or some may feel that a dinner would be appropriate. There would be speeches recalling the events and achievements of the life in whose honour such a meal was given. What a pleasure it would be to make provision for such a dinner in one's will, and perhaps plan the details of the food and wine! These are but a few suggestions; there must be many more.

Those who feel that such ideas would not be appropriate still have the choice of the traditional Memorial Service. Some may find the formality of a service easier to bear than a social occasion. But there are others who may feel that something else is called for; something that could still be dignified yet more honest to the memory of the person concerned. How much kinder it would be for the families who are left, if a Memorial Service was not their expected and often dreaded duty. I would ask not that Memorial Services should be abolished, but that in certain circumstances consideration might be given to other means of honouring those who have done so much for the Hospital. How helpful it would be if those who think there are sometimes more fitting ways of marking a person's memory should make their wishes known.

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Life Underneath the Arches

by our Roving Reporter

A new insidious threat has emerged to the privacy and tranquility of London's gentlemen of the road. Ever since the infamous Nationwide exposé of this sub-culture, the defenceless dossers of Waterloo and Vauxhall have been beset by countless bogus tramps. The new risk is posed by the most parasitic element of British society – the Fleet Street hack.

The other evening, your intrepid correspondent went out on a mission of mercy, doling out unsolicited cups of tea and soup to the cardboard-box brigade at Lincoln's Inn Fields and the Temple. When we reached Charing Cross, we started handing out the broth again. After a few minutes, a particularly repellent man in a suspiciously clean coat came sidling up to us. One's initial impression was that he was about to offer some specialist post-cards, or introduce us to his young sister. Far from it! He did undo his coat, but only to reveal a Nikon with an enormous telephoto lens. Naturally, I assumed that it was Lichfield having fallen on hard times, and went to introduce myself; but before I had a chance to console him in his change in circumstances, he came up to me and addressed me out of the corner of his mouth, pretending the while to be sexing the pigeons roosting overhead. "I'm not one of them," he said, with his lens dangling conspicuously about his ankles. I said something to the effect that his sexual proclivities were of very little interest to me; he looked at me in the way one looks at a dog who has misinterpreted the command to sit, and has urinated on the carpet instead.

"No, no," he said reprovingly, "I'm from the *Mail* – we're doing a series on living rough in London." I reflected that the *Mail* was aping *Nationwide* – by leaping on to a bandwagon six months after public interest has waned. This was highlighted by *Nationwide's* achievement in discovering skateboards after most of the sport's exponents had had children of their own.

He implored me to keep his confidence, and sharing the morals of a journalist myself, I have decided to publish and be damned – in the public interest.

The poor chap was really a non-starter for the job – one assumes that he obtained the post in much the same way as William Boot in "*Scoop*". My assumptions were justified when I learned that his name was Fax Hastings.

He made a brisk retreat when I told him I was a dosser myself, and had just come along with the others. He told me he had only been kidding, and that the cylinder hanging between his ankles was in fact a cunningly packed bedding roll.

In a burst of philanthropy, I told the meanest looking tramp I could find about the intruder's real identity, and I looked on philosophically as he was pounded to death by a bundle of newspapers and fed to the pigeons.

Dental Notes

by A. D. Robinson

In the last issue of the *Gazette*, I reported the fine effort of Mr. Brian Smith in completing the London Marathon. What I failed to report was the remarkable achievement of Miss Hyacinth Forbes in that same event. Miss Forbes is a Dental Surgery Assistant in the Department of Oral and Maxillofacial Surgery and is a member of the Harringay Club. Her time for the race was 2 hours 52 minutes.

Both contestants were "sponsored" and collections for charity were:

£270 to the Paediatric Renal Fund, Guy's Hospital.

£100 to Cancer Research.

£100 to the Anthony Nolan Fund.

The Royal Dental Hospital

Those of us who have been fortunate enough at some time to explore that part of the Guy's Tower above the limit of the lifts must have been impressed by the amount of spare space – one wondered why it was there, but we now know. It was forward planning so that one day we could accommodate a larger dental staff. With the impending merger, this space is now to be developed. We are warned that, from 16th May, the Tower lecture theatre will be out of commission at certain times due to the noise of builders at work above.

"Public" Lavatory

When we moved into this magnificent building in 1975, one of the few planning errors which I spotted was the men's toilet on Floor 23. The door was just opposite the patients' waiting room, the biggest waiting room in the Dental Hospital; it serves the Primary Treatment Unit. There was only one door and no screen. When the door opened it revealed all. Readers will rejoice with me that now, in 1983, a modesty screen has been installed.



A Realistic Approach to the Nursing Process

This was a study, the second of its kind, held at Guy's Hospital on Monday, 28th March. Due to demand for places a further such day is already booked for June 17th, 1983. It was a very cosmopolitan gathering with representatives from such diverse locations as Edinburgh, Belfast, Jersey and Dorset. Mrs. Margaret Davis (our former District Nursing Officer) returned from retirement to chair the meeting and the Lecture Theatre at the top of the Tower Block was filled to capacity.

Miss Gladys Law, Advisor and Co-ordinator of the Nursing Process for England and Wales, opened with a brief insight into the research, structure and progress that the Nursing Process has engendered not only in the United Kingdom, but all over Europe. This came as a surprise, as many believed we inherited the idea from the United States of America and Canada. Miss Law traced the way in which information is sifted and digested in committees and ultimately passed via fourteen 'link nurses' in the U.K. The production of an Open University continuing education course (due for completion in April 1984) drew interest from the audience, in that as a package purchased outright, it could be used by groups in a learning situation.

Miss Karen Rea, a nurse and barrister, looked at the charge of negligence within the nursing profession and its implications for practice. The need for accurate, signed nursing notes was highlighted by the use of illustrative case histories which had become court cases. After lunch – and an excellent view of London – Gillian Beail described her role as nursing process co-ordinator at Guy's. It was noted that with the exception of a few specialist areas, such as main theatres, the short-stay ward and the Midwifery Unit, the process was in widespread use.

Professor Ian McColl, Professor of Surgery at Guy's, followed on behalf of his profession. Always an entertaining speaker, he held his audience's attention with some wonderful stories as he put forward his view point. He indicated that he was fully behind any 'process' that was in the patient's interest. He had found in his ward area that the nursing process assessment of problems could aid the doctors and nurses to interact and so help the patient. His final words met with audience approval: *'I wish for a return to the days of the sixties when the wards were quiet, the patients were rested and Sister was boss!'*

As a finale, a panel of ward sisters and Nursing Process Co-ordinator from Lewisham and Hither Green put forward their views on working with the nursing process. It was apparent that, although some of them had been apprehensive about the workability of the process, all were enthusiastic about the outcome for both nurses and patients. On the question as to whether a junior nurse could cope with total nursing care, one sister felt that *"everyone responds well to responsibility if they are well supported and*

guided in their role". Sister Dowd made the point that by *"expecting nurses to talk more to patients and so share their problems, one increases the nurses' stress."* One answer, she felt, was to set up a ward support group. The question-time which followed this final session could have been greatly extended, but time ran out.

To conclude, I would say that the value of such a study day is not only its content, but the bringing together and the empathy of so many health service practitioners. Certainly it was of great personal benefit and I hope a shared one. All those interested in the June study day should contact Gilly Beail, School of Nursing, Guy's Hospital.

Serena Cooper

Physiotherapy

An annual round of pay settlements has become a fact of life as resignedly accepted as rain at the beginning of the cricket season, and as eagerly anticipated as the first cuckoo. What will we do when we are subjected to a review instead of being beaten down at Whitley Council?

Nurses, midwives and members of the professions supplementary to medicine are to share a pay review body, if we are to believe Mr. Fowler. Unfortunately, there is some disagreement over the concept of there being a single body and even more with its being twinned, Siamese-style, by shared membership with review bodies for doctors and dentists and for members of the armed services. On the other hand, the National Association of Health Authorities favours a single pay information system for all the public services with an N.H.S. pay award directly linked to the outcome of negotiations in other public services. It would rather have our pay arrangements determined by internal relativities within the N.H.S. than by relationship to any external occupation.

The proposed composition of the review body (seven members and a chairman) has exercised a few minds and stirred up a few antagonisms. That they should be chosen for their individual qualities seems reasonable, but if they are not closely connected with the professions in question, will they know enough about what we do to make appropriate judgments? How close is close and how distant still allows understanding?

As the N.A.H.A. document says, it would be essential to establish the appropriate level of pay before any links are operative, but this is a mountainous labour which has brought forth a mouse that nobody cared for on previous occasions. The trouble is that few of us are humble enough to accept that others do not necessarily rate us as highly as we rate ourselves. Since we can hardly be expected to agree our relative values with one another – being but human after all – someone will have a hard job to find a disinterested and respected person, or group of persons, to do it for us. Yet, it has to be done if the system is to work.

But if the nurses want one review body which excludes their auxiliaries, the remedial professions want another that includes theirs and other groups want a single all-embracing body, is anyone going to be any more satisfied than they are with the present arrangements?

The Chartered Society wants its 90% female membership proportionately represented on the review body that considers our pay. It is not clear what it is hoped to achieve by this – are “suitably qualified women” more likely to be sympathetic? Surely they are likely to be no more and no less objective and to be as prone to prejudice as “suitably qualified men”, whatever either of these may be.

R. J. Cooper

P.S. I would like to make it clear that it was an editorial/printing error of the most Freudian kind that made “an annual *fee* obligatory for continued membership” in the April Edition. Nothing, I insist, to do with me – and I have the carbon copy of my article to prove it!

Book Reviews

“Paediatric Neurology for the House Officer”, by H. L. Weiner, M. J. Bresnan and L. P. Levitt. Second edition. Pp. 227. Price £6.25. Published by Williams and Wilkins.

I wrote an enthusiastic review of the first edition of this book in 1978, commending the clarity and conciseness with which the authors had summarized the main facts about paediatric neurological diagnosis and disorders. It has 25 chapters, mostly brief, arranged in a problem-orientated manner (e.g. the floppy infant, ataxia, coma) and each indicating clearly what the resident should be thinking of diagnostically and what he should be doing. The enthusiasm of my original review has certainly been vindicated by the usefulness of the book. It is excellent.

The 2nd edition has only very minor changes, and anyone already possessing the first edition need not consider buying the second. The new material includes, for example, a paragraph about pseudoseizures and a section on valproic acid. The cover has changed colour and there is at least one new spelling mistake. Otherwise, it is substantially the same book. I thought it a pity that the authors had not taken the opportunity to strengthen some parts, like the account of development disorders, e.g. of speech. The section on encephalitis is also

extremely brief, and does not mention antiviral agents in herpetic encephalitis. The index could be improved.

Nevertheless, this remains a brilliantly successful handbook. It is ideal for the paediatric S.H.O. or registrar, particularly on first encountering paediatric neurology. However, the student would also learn much from it and many consultants will find it a most useful standby. I shall be purchasing some copies to give to my S.H.O.'s when they start on my firm.

R. J. ROBINSON,
Professor of Paediatrics

“Cardiology” by D. G. Julian. 4th Edition. Pp. 308. Price £6.95. Published by Baillière Tindall.

There are now several excellent small textbooks of cardiology, as well as some poor ones, and it is sometimes not clear for whom the book is intended. Professor Julian's concise textbook is written for the student embarking on clinical medicine and a short handbook for the physician and the advanced nurse. It covers the entire field very effectively and each of the three groups mentioned will find it is an excellent source book. Although short, the book is far from superficial and the early clinical student or even the advanced nurse may

feel that a discussion of left ventricular pressure – volume loops is too advanced. The success of this textbook is amply demonstrated by the need for a fourth edition which has been extensively updated. Drugs such as the calcium antagonists, newer anti-arrhythmics or Captopril are all dealt with and short lists of recommended further reading are provided at the end of each section.

Aetiology, presentation, clinical signs, investigation and management of all the major cardiac conditions are clearly described and, although the space allocated

to each must be short, its simplification is a considerable advantage in a book of this type.

The illustrations are very clear and are often line drawings rather than photographs, with only the essential features shown. The style is easy to read and reflects Professor Julian's immense experience as a teacher and lecturer. The book can be thoroughly recommended as an excellent, concise review of up-to-date cardiology.

EDGAR SOWTON,
Consultant Cardiologist

Correspondence

Global Views

Dear Sirs,

Enclosed are a number of comments from scientists around the world who have sent us their views on the closure of the Physics Department.

I personally think that this would be a useful and worthwhile inclusion, which would show that the situation is known beyond the walls of Guy's and that there is worldwide concern.

"In the department here, we have a group with biophysical expertise that proves useful in instructing medical students in such subjects as cardiovascular and renal physiology, and which enables us to carry out a variety of biomedical research requiring specialized physical knowledge. I think that similar facilities are necessary in the United Kingdom to uphold the quality of medical education and to continue progress in the understanding of biomedical problems. I am surprised that a medical school with an international reputation, is considering discarding trained research workers and teachers in the physical sciences." – Professor H. J. Meiselman, Dept. of Physiology and Biophysics, University of Southern California School of Medicine, California, U.S.A.

"I found it very disturbing that the Department of Physics is to be closed in September and that the staff are threatened with compulsory redundancy. It is absurd for a medical school fortunate to have such

expertise to consider dispensing with it. Furthermore, it seems to me ideal that medical students can gain knowledge and experience of physical techniques while undergoing their training. I therefore hope that it is not yet too late for the decision to close the Physics Department to be reversed." – Dr. M. J. Dunn, Royal Postgraduate Medical School, London.

"To our distress we learned that the co-operation we have with the Physics Department has to end. We regret that due to indiscriminate cuts productive cardiovascular research is to be terminated." – Professor N. Westerhof and Dr. P. Sipkema, The Free University, Amsterdam, Holland.

"I am alarmed to hear that the Physics Department is to be extinguished. It is a shame to think that those fine facilities and people will no longer function as a unit. Whoever said science should remain free from politics!" – Dr. G. Letts, Merck Frosst Canada Inc., Montreal, Canada.

"The Physics Department has been prominent internationally. . . . The disbanding of this department is so obviously a retrograde step that one must question the sanity and humanity of such a decision." – Dr. T. B. Moodie, University of Alberta, Edmonton, Canada.

Of one of the members of the department –

"You have carried out and to continue to carry out important investigations on the mechanics and mass transport of the arteries. At a time when the importance of

arteriosclerosis is not diminishing appreciably and when there are signs that the endeavours of you and others like you working on arterial mechanics could bear fruit, a move that would deprive you of the possibility of continuing your studies would seem misguided." — Professor C. G. Caro, Imperial College, London.

"It came as a shock to me to hear about the plan to close the Physics Department at Guy's Hospital Medical School. This seems to me a most retrograde step. Together with similar threats hanging over the Physics Departments in other Medical Schools of London University, it would be a terrible loss to science and medicine.

"Medical Physics was practically born in London where the earliest Chairs were established. Professors Frank Hopwood, Val Mayneord, Sydney Russ and Gilbert Stead (at Guy's since 1923) were the pioneers of this discipline and they raised it to such a high level that it became a model for universities all over the world. It seems a terrible shame that something which took many years to build up is now being so rapidly demolished because of temporary economic exigencies. I am sure that we shall for ever regret this action." — Professor J. Rotblat, Emeritus Professor of Physics, University of London.

Yours sincerely,

DAVID NEWMAN,

Department of Physics,
Guy's Hospital Medical School,
London, SE1.

Peripheral Dilatation

Dear Editors,

After reading *Passim*, March 1983, I felt obliged to write to the *Gazette*. I was fortunate to qualify in 1982 and decided to "opt out" of the Guy's linked appointments for very definite reasons. Within Guy's, one does not have any real idea of either whom you will work for or where one will be. Many of the jobs are too specialised for what should be general medical and surgical training posts.

I feel that my pre-registration year has given me a very broad-based introduction into medicine and that my career options of either General Practice or General Medicine have not been compromised by my lack of teaching hospital posts. Having been appointed to a three-year Vocational Training Scheme with the option to

continue in hospital medicine afterwards, I find it refreshing that not all interview boards place such an emphasis on Teaching Hospital posts.

Yours faithfully,

D. G. PARRY,

Worcester Royal Infirmary,
Castle Street,
Worcester.

Farewell Exposure

Dear Friends and Colleagues,

Acknowledging with grateful appreciation and sincere thanks for the party and camera on the event of my retirement.

V. BENNETT,

Department of Physiology,
Guy's Hospital Medical School.

Extended Play

Dear Sirs,

I am an ardent reader of this the most hallowed of publications and a fervent follower of "The Plasma Roadshow" so it was with some delight I have read about this infamous and beloved disco in the past issues of the *Gazette*.

Oh yes I've hardly missed one inflam in my many years down the student bar at Guy's: Ash Singer, Chris Pottle, Richard Horne; I could go on and I've known them all. However, the reason I've found myself drawn away from the bright lights to write to you is that I feel your readers should know this.

One of the Plasmas greatest D.J.'s of old is back for a limited period only. He was behind the decks for 2 or 3 years if I can remember. His talents for pumping funk into Guy's bar have never, to this day, been surpassed. We all remember those magic days, the sharp banter, his massive selection of 12 inchers which always broke the ice at parties and how could I forget the top-fueller blown-beetle which transported him, plasma and that other chap, on out of town gigs.

Any way, Barnett is back. Probably one of Plasmas greatest D.J.'s, I think, and you had all better look out for him in the weeks to come. If he's half as good now as he was then we're all in for a treat.

Yours,

BERIL R. S. HITSWITCH,

Boland House,
Guy's Hospital,
London, SE1.

INTRODUCTION

I write on the 38th day after St. Swithin's Day, and the foretold forty consecutive days of rain appear to be coming true. No seer would be needed, though, to predict the havoc amongst outdoor sports that ensues from such weather. The beginning of the County Cricket season has been sorely affected. It bodes ill for the cricket World Cup and the Wimbledon fortnight, both only a few weeks away now.

After football's appeals at the end of the 1981-82 season for the League competition to be shifted into the summer period on account of multiple postponements during an arctic winter, might we hear similar requests (on just foundations, it would seem, at the moment) from cricket enthusiasts for matches to be played indoors? Imagine it: Packer-spawned cricket, with blue flannels, yellow balls, an artificial surface, floodlights, and not a patch of sky to be seen! And this in England! Father Time would grind to a halt, his clockwork affronted.

These pages evidence the result of the wet weather at Guy's, as the Cricket and Tennis Clubs have been unable to provide us with copy for lack of content.

But what we do have makes interesting reading, particularly a fascinating report from the Mountaineering Club on their exciting trip to the French Alps. And there is a photograph of Guy's Squash Club first team (who, you will recall, won the U.H. Cup for the fifth consecutive time), omitted from the previous edition by an oversight on my part, I'm afraid.

Finally, apologies to the Hockey Club, who have criticised me for detracting from their successes of the season, including an appearance in the semi-final of the U.L. Cup. No such slight was intended: I was merely referring to their visit to Folkestone, which, I have gathered since, was also decimated by... RAIN!

M.B.

RUGBY

Guy's III XV:

Old Elthamians 0; Penetrators 28

Friday night saw the gathering of the

Penetrators for pre-match discussions at the Pet pad – large volumes of fluid proved necessary to distill the correct spirit into the team. An unforeseen side-effect was the reemergence of large quantities of this fluid and the requirement for a number of little white pills the following morning. "Stonker" Martin, after yet another arousing conversation with the police, needed half a dozen to calm his nerves.

The Penetrators awoke to find a cloudless sky and sun-scorched grass on a windless day – perfect drinking conditions. Initial lubricators were Chris Barnick, Disco Das and the ever present "Stonker" who were joined by the grid von duo of Charlie "pull their heads off" Clemetson and Dean. Heavy-handed tactics were needed to get them out of the "Horseshoe" and the Penetrators finally pulled out of an exhausted Guy's over an hour behind schedule.

An advance party had been sent to explain our imminent late arrival. Unfortunately, their wives got the better of them and they went shopping. The confidence of the team was reflected by the near full attendance (the shoppers still hadn't arrived) in the Old Elthamians bar for pre-match consumption.

As for the game – a conclusive victory with five tries for the lads. Jamie, two minutes after arriving on the field (his wife now satisfied), completed a good move involving Nobb Taylor and his father Phil. The scene was set, open rugby the name of the game. Many good movements followed, especially from Stonker, still feeling the effects of yesterday's early evening curry. The Classy Scabies scored two tries with one each for Nobb and superdad. Disco Das, constantly muttering "But I'm a scrum-half lads", deserves a mention for his excellent hip sway and four conversions, as does Scorchers Shaheen for an excellent run down the right wing, alas, on the wrong side of the flags.

All the lads played well – "Lucky Bounce" Beeston particularly solid and full of running at fullback. Furry Man Kwaja put in some fine high tackles. Andy Dowson playing a rare game in the pack always looked likely to be the first to break down.

Whilst Tim Powell and Charlie Clemetson showed what the term "aggression" meant and Dean redefined the term "back pass".

Finally a mention about our scrum half Simon Pet (rides) playing with a shoulder dislocated in two places and a nasty looking secondary rash, which ensured him plenty of room at the base of the scrum.

In conclusion, a fine day made extra special by the keen support of Georgie, Sally, Karyn, Karin, Lindsay, Katie, Claire and Ann, the evening being as enjoyable as what went before. But the question still on all our lips is, "Is Stonker ever going to score?".

A.D.

Guy's Past XV v. Guy's Present XV

H.O.P. 20th March

Score: Present 9, Past 3

This annual game attracts a lot of speculation amongst the players because it is always closely contested. This was the 13th such competition and the present side were deserved victors. On the previous evening, a well attended dinner allowed some of the past players to reintroduce

themselves. There were the usual deprecatory remarks from representatives of each side and the playful mirth which greeted news of Steve Challacombe's selection turned to playful cheers when he performed so well the next day. The convivial spirit of the dinner was retained during the match, except for one incident when an over-excited Andy Campbell threatened a touch judge with a shake of his wizened arm.

The weather was a bit bleak and the ground heavy. This favoured the slower and heavier Past side who failed to take real advantage of their superiority in weight. The fact is, they moved with less speed than their opponents and Nigel Poole chose his tactics well. The Present side ran about with the ball, attempted quick line-out throws and maintained a pace which the Past could hardly equal. The scrummaging and line-outs were shared but the Present snatched more possession from the loose play. The weather prevented the free, flowing pattern which usually characterises this game and the struggle for superiority seemed largely a contest between the packs.



Past side

Top: P. Toseland (Ref.), P. Williams, N. Allen, B. Keevil, S. Challacombe, J. Beard, J. Fitzgerald-Frazer, G. Evans.

Bottom: A. Portelly, C. Lewis, M. Danford, A. Cook, T. Gibson, G. Owen, R. Moore, A. Campbell.



Present side

Top: P. Chew, M. King, M. O'Donnell, M. Hackett, N. Roberts, P. Taylor, N. Slater, G. Meharg, M. Reece.

Bottom: A. Jones, M. Davies, E. Rose, N. Poole, D. Maggs, G. Parry.

In the first half, the Past side exerted a lot of pressure and had unquestionable territorial advantage. Both sides wasted opportunities by conceding free kicks. Owen helped the Past tremendously with his beautiful line kicking. Evans, Lewis, Allen and Fitzgerald-Frazer performed sterling work in the mauls. Beard and Keevil did not win all the line-out balls one might have expected. They were certainly taller than their opponents. As usual, they blamed the thrower, but Keevil jumped as though he were glued to the pitch. The Past backs did not have much opportunity to show what speed they still possess. Danford, playing out of position at scrum half, gave an adequate service to Owen and once or twice put the ball into the scrummage straight. Campbell tried the odd side-step (and the odd side swipe – *vide supra*) and Williams and Cook linked nicely, although neither was able to break through a determined defence. Portelly ran until he was overtaken by fatigue or, more usually, a faster opponent. The first score came as Evans, breaking down the wing, passed

inside, enabling the perceptive Nigel Poole to intercept and score. That try damaged the Past morale. It reminded several of what it used to be like to play for Guy's on a Saturday afternoon. Hackett converted without difficulty. The Past received a consolation penalty which Danford kicked as well as he used to on his good days.

The second half was equally enthralling but the Present side did most of the attacking. King ran at the Past with his head down but dented nobody. Jones and Maggs ran this way and that and Hackett sometimes joined them. A superb drop goal by Slater more or less put paid to the Past who, realising they were about to lose, summoned the energy for a forward surge. Last minute rallies are usually inadequate and so it proved. The game was played in a competitive but friendly fashion and Pat Toseland officiated with skill and restraint. The evening was made replete by Joyce Dann's cuisine and everybody seemed greatly contented by the weekend's events.

T.G.

BOAT CLUB

Tideway Head of the River Race

Saturday, 26th March 1983

After a three-week absence from the river, whilst the second years in the boat took their senior B.M.S. exams, the Guy's 1st VIII returned to contest the premier head race in the rowing calendar. As a result, our crew was less than at the peak fitness necessary for this $4\frac{1}{4}$ mile event. Joining us after a few years absence was the Gentleman's Eight along with their highly experienced tideway cox and President of the Boat Club, Mr. James W. Mansie.

After getting the boat in tip-top condition, the first eight boated to row down to our marshalling position at Barnes Bridge. However, disaster struck. Along the way to Barnes, Miriam, the cox, was not getting any response from the rudder. On arriving at our designated position we discovered that the rudder had sheared off entirely. The first crews had already passed by and the

decision was taken to row back to the boathouse, causing much alarm and despondency amongst the race marshals. The rudder was replaced and by this time we had missed our starting position. We started further down the order but with all the problems before the race, in addition to our lack of fitness, we had a poor row. Commitment was total within the crew and we did manage to pass one crew just as we passed by the boathouse at Putney.

The result was disappointing, but expected.

Guy's I Time 21 minutes 27.57s.

Position No. 338 (out of 420)

Crew:	Cox	Miriam Scadeng
	Stroke	Miles Ferrari
	7	Andy Williams
	6	Charles Millson
	5	Adrian James
	4	Rhomesh
		Rasanayagam
	3	Martin Fleminger
	2	Alistair Lammie
	1	Paul Cousins

A.J.B.J.



GENTLEMAN'S VIII

After an absence of at least 10 years, the Gentleman's VIII was invited back to the Tideway for its biggest annual event – the Head. A few phone calls were all that was required to raise an eager and ambitious crew. Given slightly more warning, a second VIII could have been summoned with little difficulty, except for the person who would have had to decide who sat in which boat! The crew in its day would have acquitted itself well, most having rowed for the university at some time. Those days were long past, and from being a motley bunch of students they now consisted of a general medical practitioner, 3 dental surgeons, an orthodontist, a cardiothoracic surgeon, a house physician, an ear nose and throat

surgeon; and last, but only because least, a consultant dental surgeon emeritus. Distance was no deterrent – they came loyally from all four corners of the land – Plymouth, Chester, Boston, Winchester, Norwich etc.

The Tideway Head itself had changed over those ten years. Not just anyone could enter. Indeed, only the first 200 finishers out of a fleet of 450 were guaranteed a starting place the following year. Therefore a place in that élite 200 had to be the target. Guy's gentlemen in the past had always set out to take things more leisurely, stopping for the occasional drink and conversation with people on the bank and generally catching up with the crew's news whilst drifting out on the tide to Putney.

Clearly others not fortunate enough to have gained a starting place this year would have been offended by this sort of effort, as would the organisers who might have banned us from the race.

After a series of team photographs we took to the water. Timing and balance fortunately came naturally as if there had been no gap in our training. Our boat, *Frank Law*, for which we had campaigned all those years ago, was also in very good condition – a considerable factor in our favour. The race brought back many memories, not the least

of which were how far the finish was from the start and how well coxswains lied about one's progress towards it. Despite this, we overtook three crews and were not visibly caught by any of the followers.

As for the result, well it left room for improvement. We didn't achieve a place in the top 200; perhaps that was a *bit* optimistic. Nevertheless, we were still better than 150 other crews, and most importantly, we continued the Guy's Gentleman's tradition of enjoying oneself.

M. Gleeson



Guy's Gentleman's VIII 1983 – Left to Right: M. J. Gleeson (7); C. A. Chivers (Stroke); G. Moulding (Bow); P. Moulder (2); A. Fenn (4); J. Mansie (Cox); M. Gafney (3); R. G. D. Pinkney (5); J. C. Miller (6).

SWIMMING CLUB TOUR 1983

Dundee and Aberdeen were the unfortunate places last year; this year, Guy's Ladies' and Men's water-polo teams were to destroy the peace and quiet of Bath and Exeter.

At 9.00 a.m. prompt on Friday, 29th April, the teams met outside Wolfson House, all, that is, except the men's goalie, Neil Roberts, who was still apparently bringing screaming brats into the world in Lewisham. Eventually, somewhat nearer 11.00 a.m., the minibus set off with "Old Man" Loveless at the wheel to brave the London traffic. Onto the M4 and it was time to break open liquid refreshment (after all, it was now well after opening time). The minibus sped on to our lunch stop, with only a brief pause to take on board a number of out-of-date cans of Guinness and garlic (??), apparently for which Dom had a taste (not so the rest of the motley crew).

We arrived in Bath in good time (well, most of us) despite some Niki Lauda-type driving by Steve in Bath.

Messrs. Dowson, Taylor and Nott-Bower had arranged to meet us at our hotel at 4.15 p.m. ready for a 5.15 p.m. start. At 4.50 p.m. the teams departed – still without the trio! We were in the pool warming up with only 4 players!! Feelings were running high, when, true to form, the threesome arrived with a "kidnapped" Guy Thorpe-Beeston, along with newly acquired team trunks (John Ivory-Style). Into the game and a hard-fought contest with the Guy's men having a less fortunate time while defending the deep end. The score ended at 8–5, Dom claiming a few of our goals. This was followed by a Guy's mixed game which proved to be decidedly dirtier than the first, with a few of the men ending up on the wrong end of Katy Godber's talons. A quick visit to the Union Bar (just to be sociable, of

course) and back to base to preen ourselves for the evening.

The men decided to sample a few of the finer "liquid foods" of the region at a festival conveniently coinciding with our visit. The ladies – after the mixed game we're not so sure – went out to eat Bath out of house and home (thanks especially to Gill, Jean, Sharon "where are my knickers" Turl, and Helen "Moaner" Fletcher). It also seemed that, when we met up with them later on, they had severely depleted the wine supplies of Bath as well. A nightclub finished off the evening – and all of us.

"Madman" Dowson took over the driving (that was what he called it) and left most of the passengers nervous wrecks. Before we knew it, we were in Exeter (Turl territory). We booked into our hotel, given over totally to us so as not to annoy any other residents later on that evening. Lunch was served on the grass by the cathedral and the local population was "worried" by some fairly inaccurate frisbee throwing. We eventually left (already late) for our needle matches against St. Luke's College. Both Gill and Dom had good reasons for wanting to win their respective games: they had an old mutual friend in the captain of the Exeter men's team. Dom used to go to school with him, and Gill used to go to well, we won't go into that now! Ladies first. With Dom refereeing, surely the result was a foregone conclusion! Spurred on by their captain, Gill, who as ever put in a very solid performance, the girls played well enough to win without the ref's help. Helen putting all her weight (!!!) into her shooting, Angie in goal, and some very steady (or was it very dirty) defence from Sharon and Siân together with excellent play from the whole team, all contributed to a good 7-2 victory. Now the men: apathy, or was it a hangover, seemed to affect some people, but once in the water all was seemingly forgotten. The men played some excellent polo and got a well deserved 7-3 win. After the matches, it was off to invade the Turl residence, where Mrs. Turl kindly provided many gallons of tea, along with stones of cake and biscuits. Dave was content enough to watch the football results and swear like a trooper! Back to the hotel, and then off for an Indian meal; some people seemed not to enjoy it as much as others, or perhaps that was the day after. Off to a pub (where else?) to meet the Exeter team and help them drown their sorrows. Much to the delight of

some of the team, this place had sensible opening hours – they served until 11.40 p.m. Silly games were the order of the night back in Gill and Siân's room, George having a seemingly endless supply of games, many of which involved the removal of clothing (shock-horror), but I won't bore you with the details of Sharon, Neil and a bedroom wardrobe!!! Eventually off to bed – well, for some, as Jan Flemming and Dom were locked out of their room and were forced to sleep elsewhere.

Sunday saw most people ... delicate!! Off to Sidmouth for the traditional Swimming Club dip in the sea. For some a dip was the operative word – the water was not at all warm. This, and everything going on afterwards including the blatant theft of a certain nameless person's trunks, was watched by a very amused (we hope) boat club from their vantage point in their clubhouse. A quick cup of coffee and a nice walk in the rain and we were off in search of a pub and food, followed by a cream tea. Dom seemed to be very hungry and polished off one or two (or maybe more!!) scones. Many more silly games and songs and Loveless driving like a man possessed by a desperate need for a beer brought us to a halt at the "Horseshoe" after which we retired to Floor 14 to end the evening in true style!!

Anon

GUY'S HOSPITAL MOUNTAINEERING CLUB TRIP TO THE ALPS – SUMMER 1982

After going to Lundy Island in 1981, Guy's Hospital Mountaineering Club decided to take a group to the French Alps. Tom Humphries and Ben Wyatt arrived in Chamonix a week earlier than the others and completed two good rock climbing routes, the Pyramid du Tacal and the Peigne. Like many alpine mountains, there is no easy way off from the summits, the descent involving long abseils, with over 1,000 ft. of abseiling on the Pyramid du Tacal. After this, the weather started to deteriorate and, by the time the others arrived in the minibus, it was appalling. The walkers decided to go off to the Grenoble area and had a very enjoyable long walk across the Grand Colon. Meanwhile Ben Wyatt, Hamish Gillespie, and Paul McWhinney made the traverse from the Midi to the Plon and back again in excellent conditions. By the next day, the weather



Hamish, climbing down the notorious Nantillons glacier during the worrying descent.



had worsened again and they had to leave the bivouac hut at 9,000 ft and retreat in white-out conditions: a white-out occurs when swirling mist and snow make the sky indistinguishable from the snow covered ground, making navigation a serious problem.

Tom and Hamish attempted the traverse of the Grand Chamois and the Grepon. However, after problems finding the correct route, they had to descend the notorious Nantillons Glacier during the afternoon, whilst the sun was on it making it soft. Periodically, seracs (huge towers of ice over 50ft. high) topple over and fall down this steep glacier. The descent, though worrying, was fortunately without incidence. The same day, Paul Reeve and Chris Danby made an ascent of the Petit Chamois finding the biggest problem to be the crowds of people on this route. This was so frustrating as to cause Ben and Yatin Young, who were with them, to abseil off and return to camp. However, two days later in unsettled weather, Ben and Hamish climbed the Petit Chamois before having to assist two British climbers in the descent, during which the abseil ropes became jammed in crevices causing added complications to the descent.

Chris and Yatin set off to climb Mont Blanc, though technically not difficult, a long and exhausting route where the effects of altitude become quite noticeable. Due to illness, Yatin was unable to continue on the second day and Chris carried on to the summit of Western Europe's highest mountain with some other English climbers, arriving there before sunrise whilst the

snow was crisp. Several other smaller routes were climbed, including the Petit Aiguille Verte which gave the walkers a chance to try some mountaineering. Though hampered by bad weather it was an enjoyable trip. Several of us intend to return this summer to climb some of the longer routes (weather permitting) before which we will need to do plenty of walking and climbing in Britain in readiness for the Alps again. Our thanks go to the Clubs' Union and the Medical School for help with this trip.

(Those on the trip – Tom Humphries, Ben Wyatt, Hamish Gillespie, Paul McWhinney, Sue Reeve, Paul Reeve, Yatin Young, Chris Darby, Janet Rich, Steven Jennings.)

Tom Humphries

BADMINTON CLUB

Now that the Badminton season is coming to a close, I am glad to report on what has been a successful season for us. We managed to remain in the Men's II for another year. In the Ladies, we came out top of the division, as expected, and we were promoted from Mixed III to Mixed II. We failed, however, to retain the K.O. Cup this year, the eventual winners being Imperial College, who are always strong contenders in this event. For this summer, we have organised a series of friendlies to remain in practice for next season. Many thanks to all our players and club members, especially Mohammad, Colin Wong, Maria Thom Zena and Waseem. Congratulations to Jayne Gott, the ladies' captain, in getting her team to the top of the ladies' division.

John Tung



The victorious Hospitals' Cup Squash Team.

Top Row: D. Taylor, C. Holden, P. Collins

Bottom Row: R. Sharpe, R. Lewis

PAPERS BY GUY'S MEN

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DEATHS

MacLEOD. - On 7 February, 1983, Donald Henry, B.D.S., LOND., L.D.S., R.C.S. (Eng.), dearly loved husband of Coleen and devoted father of Peter and Tracey.

KIRKPATRICK - William Roger, M.R.C.S. (Eng.), L.R.C.P. (London), 1926 Guy's, M.R.C.G.P. 1953. Passed away in Douglas, Isle of Man, after a short illness, aged 84.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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De Coeur

It is a continual pleasure to enter daily the premises of Boland House, the kind gift of Sir Rowan Boland, rebuilt from the wartime ruins of 1941. When it was opened in 1962, the facilities made available to the student body were of the very best. Twenty years later, the building remains as a tribute to its architect and to its patron. It is of note, however, that the value of this tremendous asset to the student body has been reduced, albeit only in the one area: that of the student bar. It is sad to note that now, in comparison to the facilities available at rival institutions, the bar has not aged gracefully.

Of the thousand or so students attending courses at Guy's, only a tiny proportion now choose to use the bar; many students prefer to pay the usurious prices demanded by the more modern of the local hosteleries. As a consequence, people tend not to mix beyond their immediate circle of fellow students, resulting in a lack of understanding between the various groups and a loss of community spirit. Considering the boldness of the original concept and its physical manifestation, this would seem a tragedy.

So, what needs to be done? Essentially, the bar needs modernisation: a new ventilation system, new lighting, repainting, new curtains, more and up to date seating, new tables, a quality music system and genuine glass receptacles, rather than the plastic pots of late.

On many previous occasions, the latterday condition of the Boland House bar has received attention from the *Gazette*. As yet, little has been done, and the question remains: why not? It would appear that there are two principal reasons: firstly that of attitude. On the one side every Clubs' Union president in recent years has attempted to do something, only to give up perhaps a little too easily. On the other hand, the School has presented perennially the argument that as, on rare occasions, the present facilities are subject to abuse, money should not be wasted on improvements. It is true that every generation of students in the past has produced a number of latter day Vikings whom, (perhaps in response to the condition of the bar), reaffirm their primitive origins; the activities of these individuals cannot be condoned. It is arguable, however, that the present facilities in the bar do not generate the respect they deserve, and that an improvement in the condition of the bar will be matched by an improvement in behaviour: partly due to an overall change in *clientele* and partly due to a fundamental change of attitude to that of appreciation and protection of a worthy asset.

The second problem facing those who wish to improve the bar is that of

finding the funds: a lot of money will be required to bring about the necessary alterations. Funds will be found if they are sought assiduously enough. Perhaps an Extraordinary General Meeting of the Clubs' Union ought to be held, in order that this issue should be given a complete and thorough airing. The time for improvement is long overdue. Let there be action.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are August 17th and September 14th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

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News in Brief

Mr. E. D. Morris, F.R.C.S., F.R.C.O.G.

We should like to extend our heartiest congratulations to Mr. E. D. Morris, Consultant Obstetrician and Gynaecologist at Guy's, on his appointment as Honorary Obstetric and Gynaecological Surgeon to the Army.

Dr. C. V. R. Blacker

We extend our congratulations to Dr. C. V. R. Blacker, who has been awarded the Loughlin prize of the Royal College of Psychiatrists.

Finals Engagement

We should like to extend our felicitations to Dr. Lawrence Maule, a past President of the Clubs' Union, on his engagement to Miss Anne Mumford, a final year physiotherapy student.

Guy's Hospital East Anglian Society

The annual dinner of the Society took place at the Marlborough Hotel, Ipswich, on 30th April, and forty-nine members attended. The Chairman, Mr. H. A. Ripman, proposed the toast to Guy's Hospital and its Medical School.

Dr. Michael Hall, the guest of honour, gave a most amusing talk in reply to the toast, in which he discussed the amalgamation of Guy's and St. Thomas' medical schools. He spoke also of life at Guy's since re-organisation and described the extensive rebuilding programme that has taken place in recent years. The vote of thanks to Dr. Hall was proposed by Dr. J. G. Helliwell.

Real Tennis

The Wimpey British Seniors Real Tennis Doubles Championship, held on 29th May at Leamington, was won by N. Wright (St. Thomas' 1953-56) and B. Rich (Guy's 1949-54). Our heartiest congratulations to them on what may be the first sporting success of the United Schools. All prior claims to the Editors, please!

Wendy Gathercole

Our felicitations are extended to Staff Nurse Gathercole, who was one of only three nurses to be awarded a Hospital Saving Association Nursing Fellowship, worth about £4,000.

The presentation was made by Cllr. Dr. E. Williams, the Mayor of Andover.

The Hospital Saving Association (Patron H.M. The Queen) is a benevolent, non-profit making organisation and the largest contributory scheme in

Britain, paying a wide range of benefits to its members. In addition to the scholarships, its Charitable Trust makes annual grants to the "free funds" of hospitals each Christmas, to contributors in distress through illness who are not eligible for normal benefits and to charities likely to benefit contributors.

The London Marathon

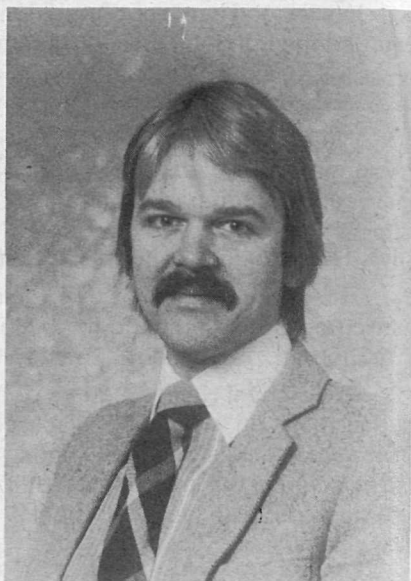
Two fathers of children with congenital heart disease successfully completed the London Marathon on 17th April, raising £1,600 for the Children's Heart Fund at Guy's.

Mr. Michael Walker, father of Heidi, completed the distance in 3 hours 52 minutes, and Mr. Peter Sutton, father of Leah, took only 3 hours 49 minutes.



Above: Mr. Michael Walker's pulse rate is taken by Dr. Michael Joseph, Consultant Paediatric Cardiologist.

Right: Mr. Peter Sutton.



Front Cover

This month's front cover is a portrait of Thomas Guy which hangs in the Almshouse in Tamworth, Staffordshire, which Guy endowed in the early eighteenth century.

Pedal Power

On July 9th, 1983, Peter Russell of the Martlets Motorcycle Club, Sussex, will attempt to pedal from Brighton to Lands End and back in one week, in support of the fund for the Hillside Special School for handicapped children, Portslade, Sussex. A special prize to the value of £25 will be awarded to the person guessing, to the nearest tenth of a mile, the total distance covered by the support vehicle on the journey. Any of our readers who wish to sponsor Mr. Russell, or send a donation to the Hillside Special School, are encouraged to write to Michael Maberley, Floor 27, Guy's Tower, Guy's Hospital, London S.E.1.

Clubs' Union News

At last, we are being blessed with weather which could almost be described as "reasonable" – and what better day to herald this spell of good weather than that planned for the Summer Festival. The sun streamed down, the clouds kept away and many sunburned bodies were covered in lotion by the end of the day. Mind you, it would have been rather unfair of the gods if they had chosen to blight the proceedings at that late stage after all the preparations had gone so smoothly – many sponsors were found and contributions of trophies added more spice to the competitions. A full report of the Festival appears elsewhere in this issue, but I would like to add my thanks to all the people who helped to make it such a varied and successful day, especially Eric Dann (who crushed a finger 3 days before the event) and his wife Joyce. Personal bias it may be, but the highpoint of the day for me was the set by *World Series*, who played a high standard of Jazz/Funk music and donated most of their fee to the Casualty Defibrillator Appeal. We hope to book this exciting band for the Snowflake Ball.

Talking of which . . . the date is set for 18th November in the Glaziers Hall, one of only two available venues (the other being the Café Royal). The date has been moved forward a week as many 4th year medics commented that they would probably be away on their electives if it were held the following week. Little else has yet been planned for the night, but I assure you that we'll try to make the first external Snowflake a very special one.

The other officers in the Union are keeping their departments ticking along without a great deal of help from me – there are more new ranges in the shop than Heinz has varieties, so make sure you know just what is available. A massive act of cooperation between the Union and the *Gazette*(!) should mean that *Gazette* goods will soon be on sale in the shop. Guy's diaries will soon be available as well. Produced by ULU, there will be a special section listing the facilities available at Guy's. The actual pages run from the end of July 1983, but I haven't been told when they'll be arriving – apparently they haven't gone to print yet! I'll tell you more when I know it.

The bar now has a juke box, and, even, Real Ale. Two more should be on the way, after the fitting of a new counter top. Many people would like to see sweeping reforms in the bar in the way of an expensive redecoration programme; however, large sums of money cannot be committed to facilities which may not be made full, or proper, use of. So, for the time being bar reforms will be made in a large number of small steps, rather than one big one.

Guy's will be hosting the next meeting of the ULU Medical Group at the end of June, but quite what is going to be on the agenda, I can't say – most of us are extremely bored of discussing student locums and grants! Seriously, though, the support of several M.P.'s has been gained in trying to raise the level of the supplementary weeks' benefit given to Medical and Dental students, and hopefully more people are better informed about the situation

regarding student assistantships. The teaching of various subjects in the medical curriculum is due for discussion, and we also hope to be hearing from a clothing manufacturer as to how he might be able to provide us with cheap T-shirts for Rag Weeks, etc. Good news, if it can save us some money.

And that's the end – apart from mentioning that a few of us are going off on a Union Officers' training weekend at the beginning of July, hopefully to pick up more tips on "The ABC of how to run Guy's Union" (amidst the pints of beer!). More about that next month, so *au revoir* till then.

Simon Ward

Interview with Professor Joseph

by Mark Cronshaw

Professor Jack Joseph, M.D., D.Sc., F.R.C.O.G., retired recently from the Department of Anatomy after over thirty years service to the Medical School and Hospital as teacher, researcher and author of several successful anatomy books. Over the years, Professor Joseph has been a frequent correspondent and contributor to the *Gazette*.

Q: Professor Joseph, could you give our readers an outline of your career?

Professor Joseph: I qualified from Glasgow in 1936 and, at the time, I didn't know what I wanted to do. I did a number of hospital posts including ophthalmology, casualty and medicine, and also a medical job in a hospital in Chatham, for Kent County Council; here I had the good fortune to meet Hamilton Bailey, who is, of course, well known to many generations of students because of his textbooks. At Chatham, I was inveigled into obstetrics; subsequently, I sat the MRCOG and also the primary Fellowship, which in those days was considered necessary for obstetrics. The war was then two years on and I found that I was not allowed to do the 6 months of hospital work necessary for the obstetrics fellowship. At the time, I held a demonstratorship at University College, in anatomy. I joined the RAMC in May of 1943. In the spring of 1944, I developed a very large haemoptysis and was gravely ill. I was fortunate enough to be released from hospital in the October of 1944, with an artificial pneumothorax. In those days, tuberculosis was regarded as a condition warranting a bar on nightwork. I therefore continued to work in anatomy, with the intention of returning to obstetrics later on. However, I had the pneumothorax for about 8 years and I found that I couldn't return to clinical work and consequently stayed in anatomy. I came to Guy's in 1950; at the time, Professor Willis was head of the department of anatomy. Sadly, he died five years later. As is well known, I have been at Guy's ever since.

Q: How have your research interests developed over your career?

Professor Joseph: Professor Young, then head of the department of anatomy at University College, originally encouraged me to do research. As he is a neuroanatomist, he got me to study the degeneration in the peripheral nervous system and the spinal cord; I submitted the work on the spinal cord to Glasgow University, where it was accepted for the M.D.

Shortly before coming to Guy's, I became interested in the functional anatomy of muscles, which I felt was most pertinent to my teaching. Having begun to use the electromyograph at U.C.H. just before leaving in 1949, I found when I came to Guy's that Alfred Nightingale of the Physics Department had built (at home) an E.M.G. for the then department of physical medicine. As no one knew quite what to do with it, I was able to use it to develop my interest in the functional anatomy of muscles used to maintain an upright posture. Subsequently, I was able to develop a telemetric E.M.G. for the study of muscles used in walking. I was fortunate to have the expert technical assistance of people such as Alfred Nightingale, Keith Batty, Sidney Wyard and Reg George, who was a very capable instrument maker who generated a number of interesting original ideas.

Professor Pyrah, at Leeds, was then assessing the use of ileum transplants for a substitute bladder. I wrote to him and found that no one knew anything of the histology of the transplant. Subsequently, I studied this with the assistance of Gordon Thomas, who was then the department's histologist. My interests in transplants extended to include work on repair, which my research assistant Mary Dyson (now Senior Lecturer), has pursued to the present day.

In addition to the research, I have become associated with a number of books and have written some of my own. I have just recently completed a textbook of regional anatomy. I must thank Macmillan the publishers – the quality of production of the print and the reproduction of the plates is outstanding.

Q: Would you like to comment on the changes in medical treatment and the advances in medicine which have occurred since you qualified?

Professor Joseph: It has become platitudinous to mention antibiotics, but, perhaps for personal reasons, I feel that the change in the prognosis of pulmonary tuberculosis is one of the most unsung successes of modern medicine, at least in prosperous industrial countries. From being the main cause of death between the ages of 20 and 40, it has become a comparatively harmless infection. The other advances I would mention are: cardiac surgery, transplantation and immunology. Molecular biology has opened up vast new fields.

Q: If you were to find yourself with your present experience at the start of your career, what would you do?

Professor Joseph: I consider the question highly theoretical, as at 17 or 18 most students find it difficult to say why they want to do medicine; certainly I could not do so. However, it reminds me of an anecdote which may amuse you. In the course of being a licensed teacher of anatomy, one gets involved in dealings with individuals wishing to bequeath their bodies. Many people want to sell their bodies to the School, which is, of course, grossly illegal. I remember answering the 'phone on one occasion to find myself speaking to a young girl who wanted to sell her body for research or dissection. A most persistent young woman, she went on and on that I would get her body on her demise if she was paid now. I really couldn't convince her that this just

wasn't possible, until I told her she would get more for her body alive than dead. To my relief she abruptly hung up!

Q: Would you like to comment on the changes you have seen in medical education?

Professor Joseph: I would like to refer to the additional subjects of genetics, statistics and psychology and sociology in medicine. I think they have added an enormous burden to the student, but I advocated statistics and psychology as important subjects in medicine; many students may recall my last lecture of the course in anatomy in which I put forward two main principles which they could follow in their future careers. I said that they should always remember that patients and their relatives are frightened people, and doctors must not take advantage of this situation. Doctors should be scientific in their attitude to medical information and not rely on impressions and personal prejudice. Statistics properly used help to avoid the latter. I believe that the medical profession is only as good as those who practise it. However, they are in a profession about which Karl Marx said, *"For thousands of years medicine has united the aims and aspirations of the best and noblest of mankind. To depreciate its treasures is to discount all human endeavour and achievements as nought"*.

Q: What is your opinion concerning the increased numbers of women entering medicine?

Professor Joseph: When I first came to Guy's, there were very few women students: a limit of 12% had been agreed in 1948. I suspect that the refusal of teaching hospitals to accept females was dissipated by the Ministry of Health, who told the Schools 'No women – no money'. Nothing catastrophic has happened and the numbers have increased. Inevitably, women take time away to have a family and to that extent services are lost. However, I do not regard this as a disadvantage – it should be accepted and aided. I do not believe that enough efforts are made to get rid of the disadvantages to a woman's career of leaving the profession for a time, for what is, after all, a most important social function.

Q: Nowadays it is expected of senior clinicians that they have research experience. What are your views on this?

Professor Joseph: In the past this was not the case. Many consultants are involved in five things – hospital clinical work; teaching; administration; research; and private practise. It is almost impossible to do all of this, and something had to be given up. I know of many professors and consultants who have had to reduce their research.

Q: What changes have you seen in Guy's?

Professor Joseph: Firstly, there is the physical one of building New Guy's House and the Tower. An attempt should have been made to get a new Medical School building. Secondly, there has been the creation of clinical professors; when I first came to Guy's there were none. In fact, I recall that when it was first suggested that clinical professors should be appointed, there was sufficient opposition to prevent it happening.

Q: What are your plans for the future?

Professor Joseph: It is difficult to say. I am still lecturing, though I find travelling around London the most difficult part of it. I intend to continue to write and rewrite books. I have many other interests – theatre, cinema, the ballet, visiting exhibitions, for which I now have more time. In addition, I like travelling. How much of all this I will be able to do is in the lap of the Gods.

Gazette – *On behalf of your many students, friends and colleagues, may I express my thanks and wish you a long and happy retirement.*

Antic-quarian Views

by our **Folly Qualified Correspondent**

Whilst thumbing through some noble parchments devoted to the chronicles of our Hospital, my finals-fevered brain was seized by the sight of a couple of sepias which may remind our loyal, more seasoned readers of the lighter moments of student life. I include with them a recent photograph of our Clubs' Union President, Simon Ward, during his enforced capture by St. Thomas's to demonstrate that, while the spirit of good clean fun may be looking pretty sick, it is not dead yet.

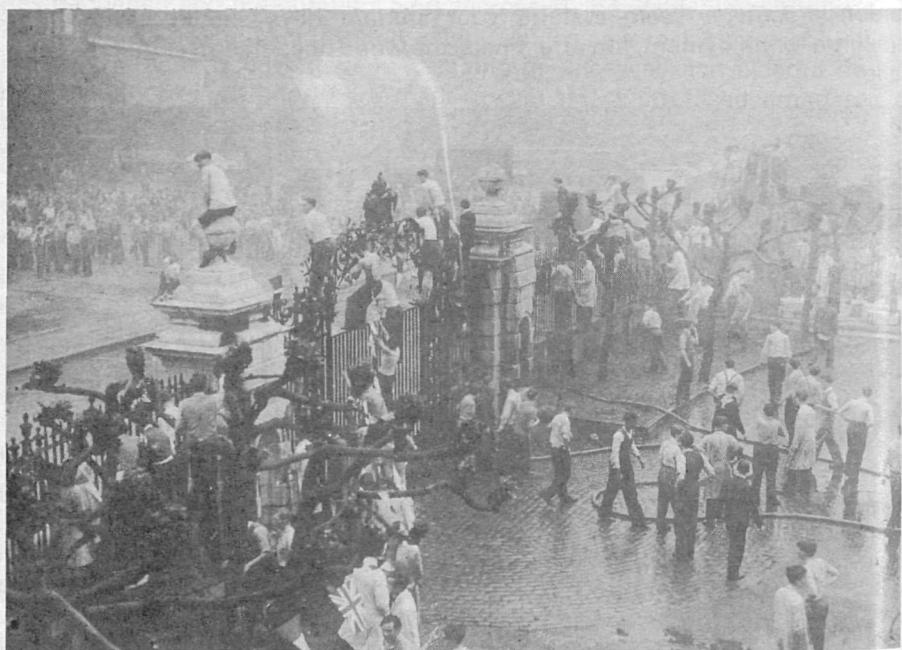
It is not my prerogative to compare the proclivities of students of the past with those of today; suffice it to say, however, that, while students are no longer found in *cloche* hats and Bugattis, and the antics of the Richard Gordon archetype seem distant, your student days should never be a sepulchre for enjoyment, for, after finals, the world becomes an awfully serious place!



Guy's a-float: the ancestral robes are paraded for a charity collection in 1920.



The last rugger charity collection in costume, 1934.



The hordes of King's College are repelled at the gates of Guy's on 11th May, 1945.



"Penny for the Guy." Plastered specially for the occasion, the Guy's Clubs' Union President, Simon Ward, raised his urine bottle to catch the pennies in aid of St. Thomas's Charity Appeal, 1983.

Alcohol and Health: Report on a Symposium

by Claire Wilkie

Have you ever felt you ought to cut down on your drinking?
Have people ever annoyed you by criticizing your drinking?
Have you ever felt guilty or bad about your drinking?
Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?

— *"Cage questionnaire",
recommended for the early detection of alcohol problems.*

The Medical Council on Alcoholism exists to help doctors cope with the consequences of the increasing consumption of alcohol, by disseminating relevant information on alcoholism and acting as a consultative body. To this end, the Council held a symposium for clinical medical students on 28th April, 1983, entitled "Alcohol and Health". It might be thought that the topic of ethanol ingestion needed little further research amongst the student body; however, five students from Guy's bravely ignored this fact and attended the symposium.

The format was didactic, with a series of lecturers speaking and answering questions one after the other throughout the day. After the

Chairman had outlined the work of the Council and welcomed participants to the study day, the first contribution, on "Early Detection of Alcohol Abuse in General Practice", was given by Dr. D. I. Acres, an Essex G.P. Perhaps wisely, he did not define alcoholism or discuss aetiology at any length, but spoke of "inappropriate drinking" or "alcohol problems", to which psychological, physiological, cultural and social factors might all contribute. The G.P., he said, was well placed to detect the early signs, important pointers being frequency of consultation, the "doorhandle syndrome" (mentioning a major problem just on departure from the surgery), requests for many sick notes, and certain physical signs and symptoms (diarrhoea, obesity, gastritis, nausea, tremor) and psychological ones, especially those of depression. Thus, the G.P.'s level of suspicion must be high. Once it had been established that the patient had an alcohol problem, the G.P. should avoid labelling and should help him or her to set realistic treatment goals and to retain motivation. Dr. Acres maintained that "physical thinking" should be dominant – psychiatric treatment he described as demeaning. Nobody took him up on this – perhaps we assumed that the senior psychiatrists would do so later. Overall, this contribution was a most helpful, and sometimes amusing, brief guide to the detection and secondary prevention of alcohol problems.

Professor Duncan Vere, a consultant physician from the London Hospital, spoke next on the physical consequences of alcoholism. Before entering into details, he broached the question which hung unanswered over much of the rest of the day – what sort of people have problems with alcohol? Professor Vere noted that, as the relative price of alcohol had fallen over the last 25 years, so consumption, admissions to hospital with alcohol problems, and cirrhosis deaths had risen. He did not, however, conclude that *anyone* drinking alcohol to excess would incur trouble, but spoke instead of a "saturable pool of susceptibles". Passing to his main topic, he noted (besides the well known effects of alcohol on the liver, the brain, the pancreas and the myocardium), a wide range of other alcohol-induced lesions in various systems. Amongst the less familiar to me were intestinal malabsorption, Cushing's syndrome and transient thrombocytopaenia. Professor Vere emphasised the confusing nature of the picture. Individual tolerance varies widely, so that many heavy drinkers do not suffer, target organs may equally vary widely, drugs used to treat the effects of alcohol abuse may themselves cause dependence, and signs may be ambiguous – does jaundice signify transient fatty liver infiltration or cirrhosis?

In a quite gripping contribution on how to take the history, Dr. Brian Hore, a consultant psychiatrist from Manchester, reminded us that the patient may himself/herself be very ambivalent about seeking help, since spouse, employer or friend may have been the motive force behind the patient's visit. He therefore advised us to open the session with the yes/no question "Have you ever had problems arising from your drinking of alcohol?". "No" closes the consultation; "Yes" opens the way to discussion of marital, social and work difficulties. In discussing the concept of dependence, Dr. Hore emphasised that it was not synonymous with harm: a person could be dependent without harm (though this is rare). Physical dependence,

defined by the occurrence of withdrawal symptoms, was preceded by psycho-logical dependence. This might take the form either of inability consistently to control drinking, leading to drunkenness and referral to G.P. or psychiatrist; or of inability to abstain, causing not intoxication but physical harm and ultimate referral to the physician. He touched delicately on the topic of aetiology, bowing again before the shrine of multifactorial causation, and reminded us that prognosis is strongly affected by the patient's attitude.

The next speaker, Mr. Brian Purser of the Coventry Council of Alcoholism, was unfortunate; he was not a doctor and he immediately preceded lunch. For both reasons, he did not get the hearing he should have had. This was a pity, since his topic, the local services available to help people with alcohol problems, is of prime importance to their welfare and rehabilitation. No doctor concerned with such people should forget the existence of Alcoholics Anonymous, local councils on alcoholism, self-help groups of various kinds. Psychiatric treatment is only one of a range of helping agencies.

In the afternoon, Dr. R. J. Walker's talk on neurological and hepatic complications covered some of Professor Vere's subject in greater detail. In addition to delirium tremens, peripheral neuropathies, Wernicke's and Korsakoff's syndromes, an important neurological complication is acute head injury with or without subdural haematoma, itself a difficult differential diagnosis of alcoholic coma. He described three liver lesions – acute fatty liver, hepatitis and cirrhosis – attributing the susceptibility of some alcoholics to the latter to duration and intensity of alcohol abuse, as well as to rather vague host factors, such as nutrition.

The final speaker of the day, Dr. Mariot, a psychiatrist from Middlesex, offered us 5 case histories for later perusal and then came closer than any previous speaker to discussing the nature and aetiology of alcoholism. He came down strongly for the disease concept of alcoholism, the propensity to addiction or dependence being "within" the patient; and he suggested that psychological difficulties should be seen as consequences rather than causes of heavy drinking. While it is incontrovertible that psychological disabilities ranging from dysphasia and depression, to personality deterioration and suicide may result from alcohol abuse, it is also clear (even from the case histories Dr. Mariot gave us), that the onset of excessive drinking often follows a period of great stress such as redundancy, bereavement, promotion to an unmanageable position in the company, i.e. that these stresses may be at least partly causal. The disease concept of alcoholism has held the medical stage since first formulated by Jellinek in 1960, and it ties in with the idea of a pool of susceptibles mentioned earlier. While it has a major advantage in changing the natural response to the alcoholic from punishment to treatment, it fails to account for the (universally accepted) high prevalence of alcohol problems in groups under conditions of stress or with easy access to alcohol. It would indeed be an amazing coincidence if the susceptible pool happened to be coterminous with these high risk groups. Recent opinion is that social, cultural and environmental factors cannot be ignored in the genesis of alcohol problems and that *anyone* whose environment encourages

it may drink to excess and incur psychological or physical problems. This has clear consequences for prevention.

I left the study day with mixed feelings. I had learned a great deal about the physical consequences of alcohol abuse, the assessment of the "alcoholic" patient and the rôle of the primary health care team in secondary prevention and long term support, and for this I am genuinely grateful. However, the medical model of alcoholism, the response of the doctor to the individual patient and the treatment of alcoholics dominated the day. We were explicitly forbidden by the Chairman from discussing the politics of alcohol or from voicing any criticism of the big breweries and their advertising techniques. If there is to be any change in the picture of alcohol problems in the U.K., doctors should be looking at the issue some stages before the patient gets to the G.P. I would hope, therefore, that such a meeting in the future would include discussion of methods of primary prevention, notably attempts to lower consumption overall by making alcohol more expensive and less easily available. The role of health education programmes in changing attitudes to alcohol would also be an important area. Thirdly, the importance of alcohol problems as a symptom of social or personal malaise should be more heavily stressed (in addition, of course, to their intrinsic importance). Fourth, perhaps some rôle play would help students begin to understand what the alcoholic feels like.

Despite these criticisms, I found the day most interesting and useful in broadening my appreciation of alcohol-related problems.

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Union Bar – The Shape of Things to Come

by John Trickett

When Mark Cronshaw came up to me, comfortably cushioned with a pint of Sam Smith's in a corner of the bar, and asked me to do an article for him, my first reaction was: "how can I possibly write enough to fill a whole page in the *Gazette*". Several sleepless nights and reams of students' issue paper later, I finally realised that there was no way it could be done in less than 800 words and had to apply for planning permission for more.

The main theme of this article is to fill the bar-user in on changes already implemented and also those planned to improve the overall quality, atmosphere and efficiency, making it a more pleasant place to be; but at the same time, still maintaining a functional purpose as a students' union bar.

As no money is available at the present time to finance a major overhaul of the bar, the improvements will have to be gradual – perhaps losing some of the impact a major change would have, but still achieving the same ends.

Improvements to date include the purchase of a new wine fridge and rack – facilitating the stocking of a much greater selection of wines – in addition to the pre-existing "*Le Chateau*" range. These have been extremely well received by most people – in spite of a few teething problems (the bar staff's knowledge of wine was limited to red or white, and quality judged by the price). In addition to this, a greater selection of spirits is now stocked in the new side of the bar.

Anyone attending the Inflam on Tuesday, 19th April, will have noticed the hitherto unused side of the bar open. This experimental measure resulted in a faster, more efficient service and less queuing time. What's more, it looked good! This, coupled with a doubling up on most taps on either side will become a regular feature of nightly bar running.

Other improvements which the user cannot see lie in the rear of the bar. Construction (or rather destruction) work has given us a doubling of bar storage space, by taking over hitherto unused catering department office space. A new cellar cooler has been installed which will now eliminate (hopefully) the problems of John Bull and Courage at "near freezing temperatures", imposed on us by the old coolers. This gave us the opportunity of bringing real ales to the bar. Lager drinkers don't worry! A separate cooler will be retained to keep your temperature down – nobody wants hyperpyrexia lager.

Under Andy Jones, the efficiency of the bar staff increased and tighter control of who worked, and when, helped to reduce losses which had led to the bar being closed for five days during the winter term. Improvement continued along these lines should reduce losses even further and give an efficient and faster service. Further improvements in the quality of products sold have included: the replacement of "Sam Smith's Sovereign" with the more popular "Old Brewery Bitter"; the inclusion of mixers on tap; and the

sale of a good 'Ole Devon Coider', at low cost per pint. Real Ales have arrived at last. Sam Smith's O.B.B. is now on sale, shortly to be followed by Theakstons "Old Peculier", Young's, Directors' and Courage Best.

We now come to the point of decoration in the bar. The number of complaints, moans and general gripes I have received on this subject could fill this entire article – and I must say I totally agree with them! The colour scheme of blues, whites, black, brown and an indescribable shade of brown/red, combined with curtains that couldn't possibly match anything, is enough to drive custom away, let alone attract it! The whole place is dark and miserable! Again, here we run up against the old problem of money – we haven't got enough. In addition to this, the Bar Committee is very reluctant to spend money improving the place, when at any time the Visigoths may descend.

Something, however, has to be done and several points are being considered, including the floor, colour scheme, new tables and chairs, more lighting and the rental of a juke box. But no promises yet.

All I can do in an article such as this is to give a very brief outline of the plans for the bar. The main point is that in order to do an efficient job as Bar Secretary, I must have feedback from people using the bar. I am always ready to listen to criticism and ideas from anybody.

In the next few weeks, a questionnaire will appear concerning the bar. This is going to be a major step in giving the opportunity of a say in future improvements to those who use it, giving you a chance to put forward your ideas and also to make constructive or destructive criticism. After all, you are the people who use it.

Dental Notes

by Monte Malleson

The Summer Dental Dinner of the Dental Society was held at 7.30 p.m. on Friday, 27th May, in Boland House. It was attended by some 130 Guy's graduates and was a great success. There was an informal reception half an hour beforehand, where those present met their friends.

The dinner was excellent and plenty of it. The usual toasts were proposed and replied to by Professor Bill Houston, Dean of the Royal Dental Hospital, our own Dean, Jack Tulley, Robin Brett Day, Jack Rowe and the Hon. Sec. of the Dental Society. The speeches were amusing, witty and brief and were much enjoyed, if judged by the applause. We were brought up-to-date with the current affairs of the School and the future amalgamation with the "Royal". There was the traditional corner of good humoured interruptions!

We were delighted to see so many members of the Emeritus Staff, James Mansie, Alan Thompson, Ron Emslie, to mention but a few, but sadly Fred Warner was unable to attend. Good wishes were sent to him.

There was a notable absence of lady graduates which was disappointing. It is hoped that this will be remedied in future years.



The Dental Society Committee enjoying the fruits of their labours.

We are indebted to David Robinson and his colleagues who organised this Dinner so well and we congratulate them on a splendid evening.

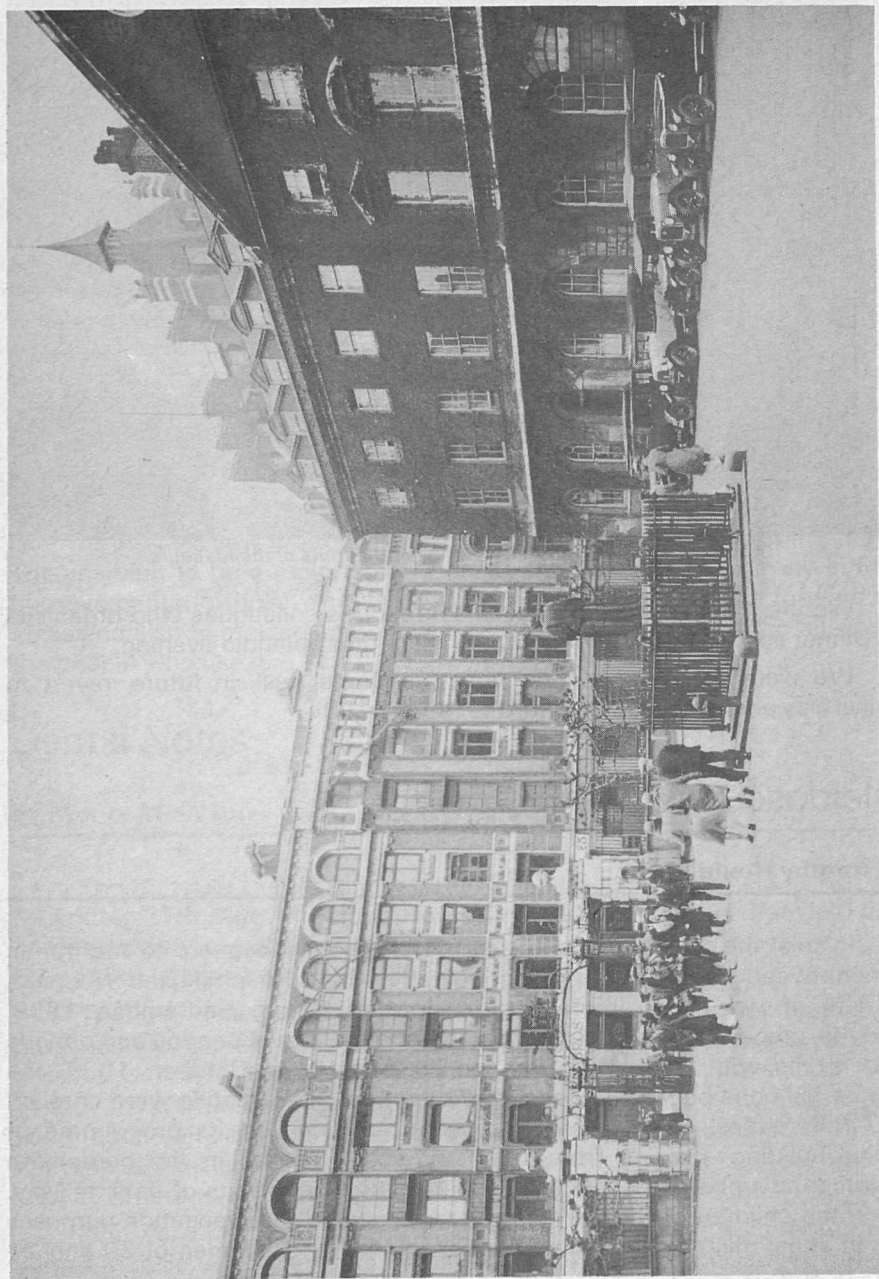
We were delighted to hear that the Dinner will, in future, revert to Clinical Day and we all look forward to March, 1984.

Kaleidoscope

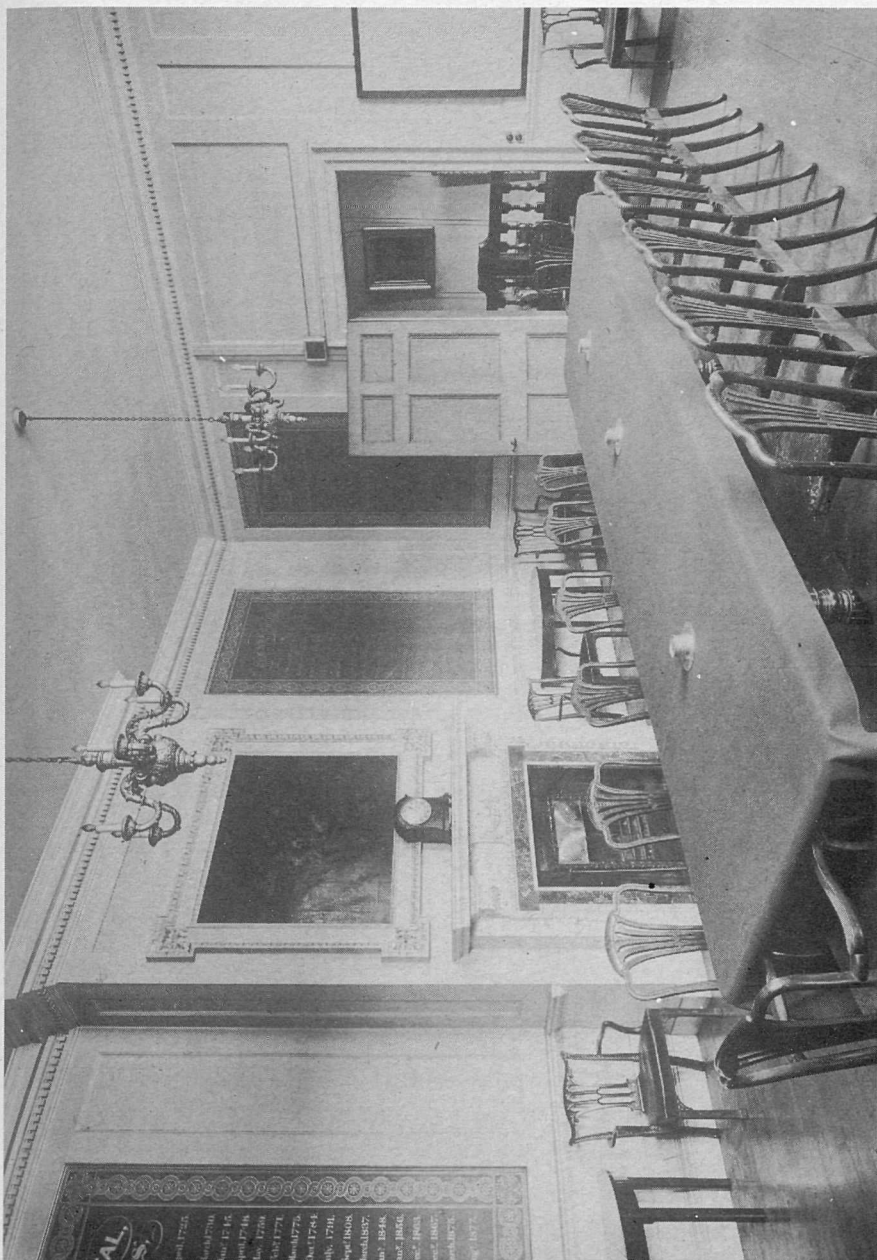
by Timothy Houlding

In this, the fourth article in the series, we jump forward to the frantic years between 1939 and 1945, during which Guy's Hospital itself became a casualty of war. It is interesting to note that from September, 1938, onwards, preparations were in hand to defend the City of London and provide its denizens with protection from an invasion. From October, 1938, the barrage balloons began to appear and members of the public were enrolled for A.R.P. duties. Bermondsey Borough Council began its programme of shelter building, ranging from the "Anderson" shelter in the garden, to reinforced chambers constructed beneath municipal blocks of flats. In May, 1939, the children of the Borough were registered for evacuation purposes and, in June, military training became compulsory for all men of 20 and 21 years of age.

As far as the Hospital was concerned, once war had been declared on Sunday, 3rd September, 1939, Guy's was largely evacuated, transferring its



A delightfully "period" photograph of the front quadrangle and the East Wing taken in the 1930's.



The old Committee Room, destroyed in the 1941 Blitz.



The upper landing leading to the Court Room, destroyed in April, 1941. The portrait is of Sir Samuel Wilks, Bt.



A view of the staircase in the Superintendent's House, which led to the Court Room.

administration to Farnborough, Orpington, Pembury and Sevenoaks, with the patients being evacuated to Brighton. The "phoney" war which, as far as Bermondsey was concerned, extended from 3rd September, 1939, to April, 1940, caused many of the evacuated locals to drift back into the Borough, thus precipitating the need for Guy's to re-open. From April until 28th August, when the first air-raid involving Bermondsey occurred, the Borough was harrassed only by the parachute mines which the Germans dropped over the Thames. Meanwhile, the fighting men of the Borough (26th Battalion, The Queen's Royal Regiment) were staving off the invasion of Belgium, which finally fell to the enemy on 28th May, 1940. When, on 17th June, the French sought a truce, Britain was stunned by the realization that she had no worthwhile allies.

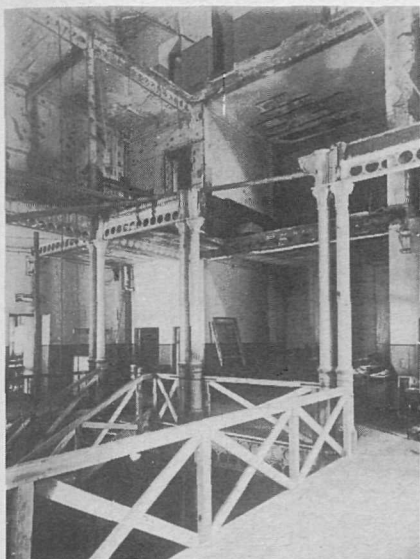
Undeterred by our apparent solitude in war, the Bermondsey Local Defence Volunteers was formed (later to become the Home Guard) with the civilian public facing the challenge proposed by Churchill in his *"every village, every town, every city"* broadcast on 14th July. England knew that she was next on Hitler's list and rallied to her own defence.

In mid-August, the onslaught struck with large-scale raids on the South East coast, in the enemy's attempt to destroy the fighter airfields. During the Battle of Britain which ensued, with its culmination on 15th September, many a dog-fight was visible to the citizens of London. It must have been difficult to associate human life with the remote specks moving in an azure sky, weaving intricate patterns with their vapour-trails, but, when realization came, it left the Londoner's heart strangely stirred and uplifted.

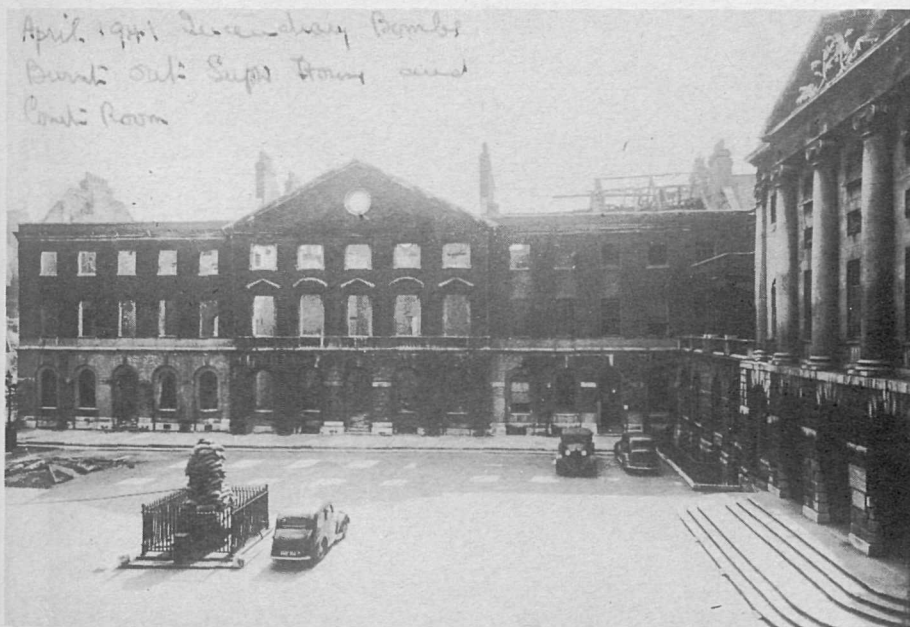
Gradually, the enemy's night-raids crept nearer to London, with the first bombs to damage Bermondsey being dropped on 28th August — in the event causing little damage. The most devastating attacks were heralded on the night of 6th September when twelve high explosive bombs dropped on the Borough, killing 23 people in one shelter alone. The following afternoon, 375 German planes came over in waves, one of their targets being the Surrey Commercial Docks, which were rapidly transformed into a blazing holocaust. Flames rose hundreds of feet in the air as a half million tons of pitch-pine timber became engulfed in a fiery man-made hell. By 6.40 p.m., the initial attack was over, but, having created an awesome beacon to illuminate the whole of London, Goering's bombers were back again that night. When daylight came, it exposed a terrible vista of rubble, ruin and burnt cadavers, but amongst the tumult, the destruction, the injury and death, the courage and bravery of the Borough civilians prevailed, with three George Medals being awarded for acts of conspicuous bravery on that night alone.

The first direct hits on the Hospital itself occurred on 15th September, when three high explosive 50 kg bombs destroyed part of the Hospital. From September, 1940, until May, 1941, every conceivable type of bomb hailed down on London — high explosive, oil, incendiary and delayed action. On both 8th and 9th December, 1940, heavy incendiary attacks were launched at Bermondsey, with bombs falling on and around the Hospital every few minutes. On the latter of these two occasions, the roof of the Nurses' Home

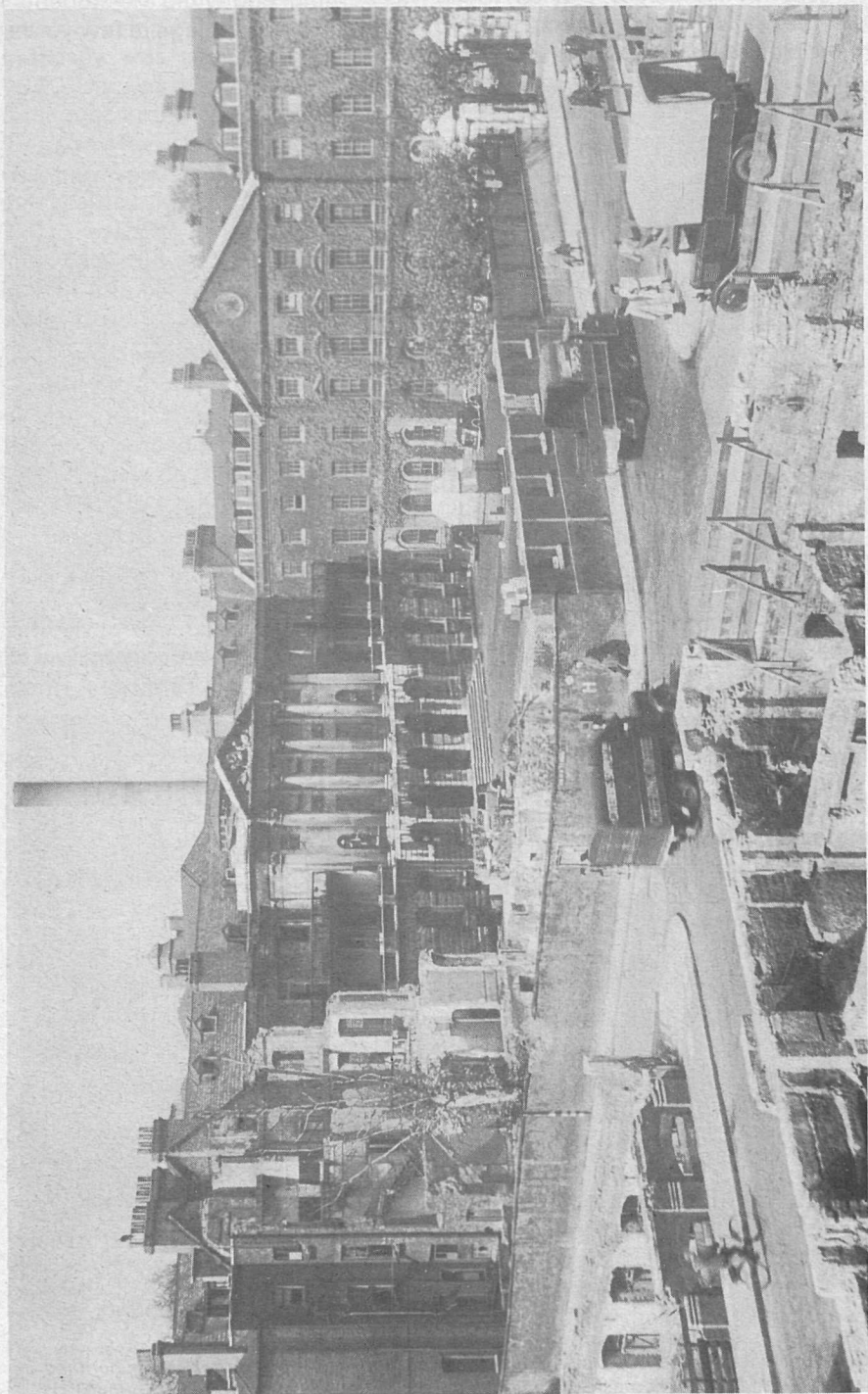
caught fire in three places, Doyles House was burning, and while the students fought the blaze, they watched their own quarters in the College, a few yards from the Hospital, being razed to the ground.



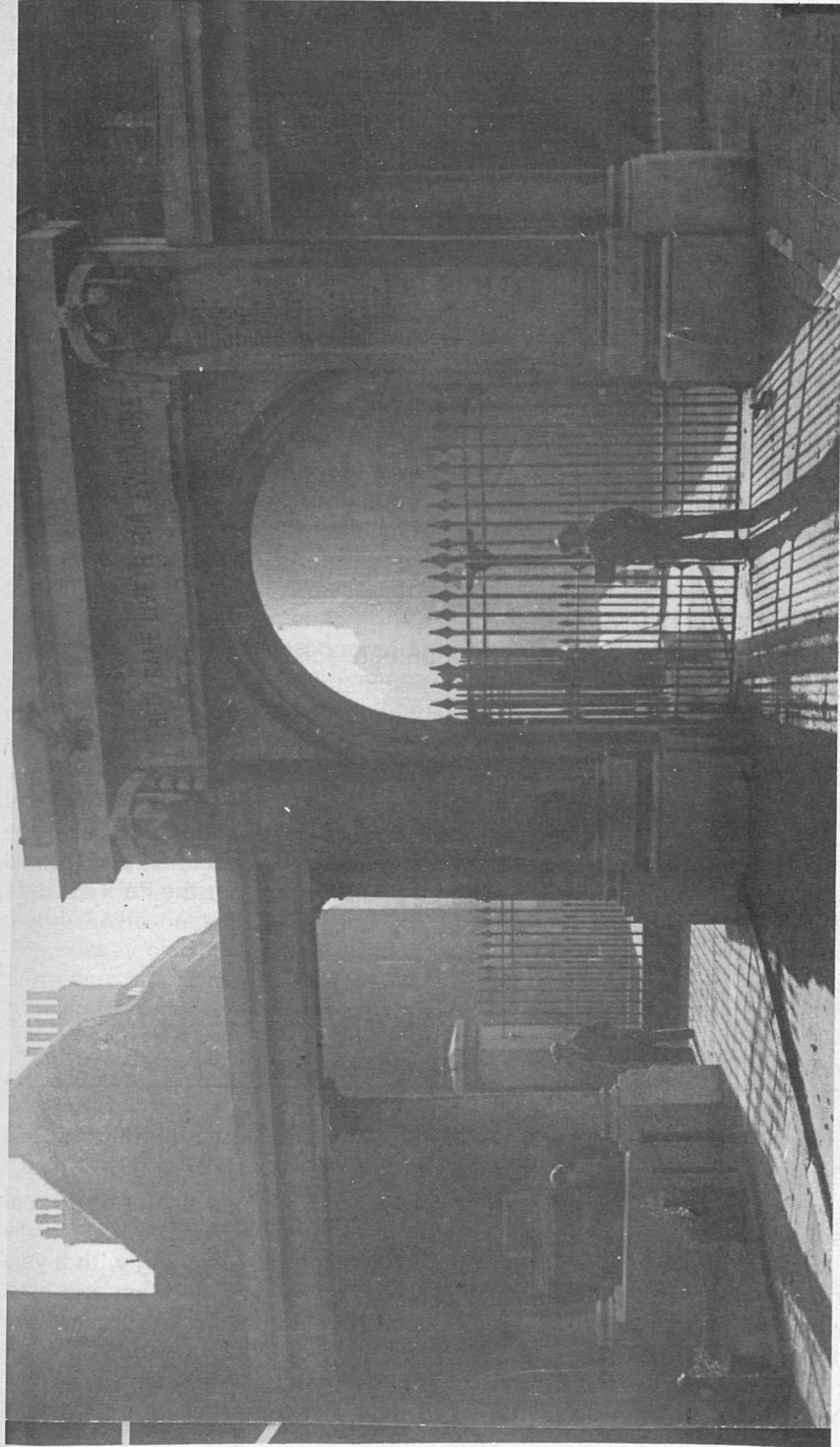
Two views of damage caused by bombs during September 1940. On the left, an upper floor of Hunt's House; on the right, the remains of Evelyn Ward, Guy's House.



The burnt-out shell of the Superintendent's House and Court Room after being bombed in April, 1941. Notice Thomas Guy's statue in the foreground, submerged in sandbags.



A view across the front of Guy's after the East Wing had been demolished, following the disastrous fire.



A wonderfully atmospheric shot of the memorial archway commemorating the "glorious dead" of the 1914–1918 War. The inscription reads "Their name liveth for evermore". This arch, now in the grounds of St. Olave's Hospital, may yet, one hopes, return to the Guy's site.

The saddest, most irretrievable damage, however, occurred in the early hours of 16th April, 1941. At 2 a.m., incendiaries were dropped on the Hospital zone, with the Nurses' Home, the Gordon Museum and the York Clinic being the first to suffer. Fires at the top of Guy's House, the Dental School and Evelyn Ward were rapidly extinguished, but, alas, a serious fire which had begun in the Superintendent's House, the Court Room and the Counting House (the site now occupied by Boland House – the East Wing) proved unstoppable. The fire spread rapidly through the gracious building, with the painting of the Apotheosis of Thomas Guy by Sir James Thornhill on the ceiling of the Court Room, the rich ornamental plaster and panelling and the fine carved oak staircase being lost for ever.

Despite the 550 air-raids which Bermondsey endured during the Blitz of 1940/41, and the inconceivable damage thereby caused, the spirit and morale of the Borough assumed legendary status. Mr. Menzies, Prime Minister of Australia, summed this up in a speech at Melbourne in May, 1941, when he said:

"I am content to try to be worthy of the 1941 tradition of Bermondsey, Shoreditch and the London docks". During the war years, civilians of the Borough were honoured with no less than one George Cross, and five George Medals, with a Victoria Cross being bestowed upon Lieutenant Alec Horwood, son of a former Mayor.

The exemplary spirit of the Borough folk was matched by the demoniacal fervour of the clinical and nursing staff at Guy's – not to mention the students, who did so much to extinguish fires and limit the damage suffered by the Hospital. During the six years of the war, 963 high explosive missiles fell on the $1\frac{3}{4}$ square miles of Guy's immediate catchment area, causing 5,572 casualties. Even during the heaviest strikes upon the Hospital itself, on no occasion did our Hospital fail to open its doors to receive the wounded. We should not forget that 94 men and women of Guy's Hospital surrendered their lives during W.W.II and it is to them that the Park at Guy's is preserved as a memorial.

Summer Festival 1983

by Andy Williams

Once again, the first Saturday in June was chosen as the date for this Guy's extravaganza, held at our Sports Ground in Honor Oak Park.

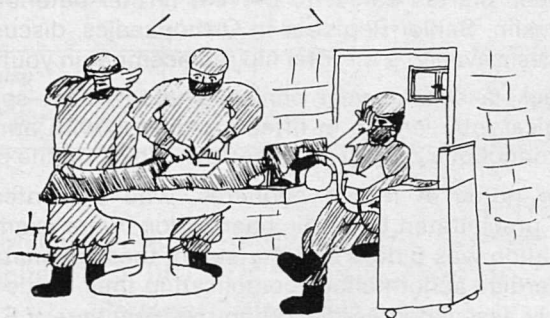
Just after 9 a.m., the forty or so runners assembled at the bottom of Guy's Tower, about to start the $5\frac{1}{2}$ mile mini-marathon to H.O.P. Virtually from the start, Dave Lloyd shot into the lead, eventually winning with a very fast time of 31.57 mins. Not all competitors were so fit, and last and least came Jo Beattie in a time of 80 minutes or thereabouts. This year, we were very fortunate to have the event sponsored by Price Waterhouse & Co. They have donated a trophy to be presented annually and, in addition, the winner received a cup to keep, an invitation to dinner and a bottle of champagne

from Barclays Bank. The presentation was made by Mr. Neil McKenna of Price Waterhouse.

The five-a-side football competition proved very popular, with 28 teams playing in 4 leagues before a final knockout competition. Teams included one from the Accounts Office, (Mr.) Mike Hunt and the Four Skins, and the C.U. Eventually, after playing all through a very hot day, the Penetrators won the final, scoring a 7-1 victory. The trophies were donated by the Medical Protection Society. The tennis tournament, which attracted 32 mixed pairs, was another lengthy competition which proved exceedingly gruelling. Not only did the play continue throughout the day, but would have continued into the night had the finalists not agreed to retire at 4-4 in the first set.

Eric and Joyce Dann and their staff did very well to provide food, in the form of hot-dogs, sandwiches, strawberries and cream, and drink throughout the day. For those people not involved in the major competitions, a 9-hole putting green had been set up, and, new this year, a croquet lawn which proved a great success. Volleyball, basketball and welly throwing were enjoyed by some, while others preferred to laze in the sun, listening to music produced by a string quartet from the Guildhall School of Music. An obstacle race was run, and a tug-o-war competition organised by Dr. Hutchinson, with beer prizes donated by the National Westminster Bank. Some running races were held for younger children present. Another novelty this year was the Fencing Club's demonstration and opportunity for novices to spar with each other. More musical entertainment was provided by "World Series", a jazz/funk band, who played, provided £40 be donated to the defibrillator appeal at Guy's Casualty. From 6.30 p.m. to 7.30 p.m. there was a happy hour, to encourage people to stay for the Plasma Roadshow. Dancing continued until 11.15 p.m., when everyone left for the last train back to Guy's.

We would like to express our thanks to all our sponsors, those mentioned above, the M.D.U. for printing the programmes and posters, Cuddeford's Wine Bar and the Vertical Refreshment Co. Thank you to all those people who helped before and on the day, especially Eric and Joyce Dann, the hockey club for manning the gate all day, and all 600 or so people who turned up and made it so enjoyable.



THE HALF-ASLEEP WATCHING THE HALF-AWAKE
OPERATING ON THE HALF-DRUGGED.

DW.
22/6/83.

The Pupils' Physical Society

by Ruth Ayling

The A.G.M. of the Pupils' Physical Society was held on 7th June, in the Gordon Museum. The first presentation was made by Ira Madan, a first clinical year student, and was entitled "Bilateral hip replacement in a 28 year old".

A 28 year old girl developed a sore throat, night sweats, flitting arthropathy and a rash following a camping holiday in France. The initial diagnosis of rheumatic fever was superseded by that of brucellosis, following a history of eating goats' cheese whilst on holiday and the discovery of positive *Brucella melitensis* titres. She was treated with tetracycline and all her symptoms improved, except for the joint pains. One year later, her left shoulder, wrist and both hips were stiff and painful and she had bilateral knee effusions. At this stage, she had normal *brucella* titres, negative rheumatoid factor, negative antinuclear factor and the aspirate of her knee effusion was sterile. It was thought that she might have developed a reactive arthritis, similar to that seen after *shigella* or *salmonella* infections. It was very unlikely that the polyarthritis was due to *brucella*, as this tends to produce a monoarthritis associated with the presence of the organism in the joint. After an initial improvement following indomethacin treatment and bed rest, the joints continued to deteriorate – the hips were particularly affected, making walking extremely painful. Intra-muscular treatment with gold was begun at this point. It was thought that the disease process was comparable with a seronegative rheumatoid disease and x-ray changes of the affected joints supported this diagnosis. Further investigations showed her sacro-iliac joints to be normal and her tissue type was not HLA B₂₇, which excluded the possibility of a reactive arthritis. Her hips continued to deteriorate and, three years after the onset of her initial symptoms, she had a right total hip replacement, followed four months later by a left total hip replacement. Further questions included the possibility of the brucellosis precipitating the rheumatoid arthritis and whether treatment with anti-inflammatory drugs should have been started earlier to prevent further deterioration of the hip joints. Mr. Franklin, Senior Registrar in Orthopaedics, discussed the various types of prosthesis available for total hip replacement in young people.

John Black, a second year clinical student, then spoke about "The results of surgical intervention in fifteen neonates with aortic coarctation"; this was the product of a project he undertook whilst on the paediatric firm.

The case notes of fifteen neonates, who presented in congestive cardiac failure precipitated by aortic coarctation, were examined. The mean age of presentation was 5 days and thirteen of these neonates were noted to have serious cardiac abnormalities complicating their aortic coarctation. The most commonly associated cardiac abnormalities were V.S.D.(8) and aortic tract outflow obstruction (5). On examination, seven neonates had palpable femoral pulses and in six, no heart murmur was clinically detectable. Nine



Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

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neonates were found to have upper limb hypertension and thirteen had upper-lower blood pressure gradients great than 20 mm of mercury. In thirteen neonates, left sulclavian flap aortoplasty and ligation of the patent ductus arteriosus was performed – the remaining two underwent end to end anastomosis. Two babies died from irretrievable hypertension one month after the initial repair. A third died after a second repair, having represented in severe congestive failure precipitated by recoarctation. Six neonates developed significant recoarctation (gradient across the recoarcted segment of more than 20 mm Hg). Three of these are being managed medically on frusemide and digoxin and would be considered for aortic balloon dilatation angioplasty should they deteriorate further. Three babies received further surgical intervention, two received gussets of dacron or pericardium and the third died as above.

Conclusion: serious associated cardiac anomalies should be suspected in neonates presenting so early in life with aortic coarctation and should be fully assessed pre-operatively if possible. The presence of palpable femoral pulses and the absence of a detectable heart murmur was frequently found in the presence of severe aortic coarctation. The subclavian “flap” technique of surgical repair appears to be producing encouraging results in those neonates who remain resistant to intensive medical therapy. I would like to thank Mr. A. Yates and Mr. P. Deverell for their permission to present these findings.

Dr. Hicks chaired the A.G.M. and a new committee was elected. Those elected are grateful to Dr. Hicks for his continuing support and also to the outgoing committee, especially William van't Hoff, for their interest and enthusiasm. The society was founded in 1830 as a direct descendant of the older Physical Society (1771–1852) thus making it London's oldest medical society. It is hoped that interest in this historic society will continue and anybody who would like to present a paper or to get involved in the organisation is invited to contact the committee via Boland House.

Ruth Ayling

Physiotherapy

The fund raising events run by Jane Scantlebury's 1982–83 Charity Ball Committee have so far brought in over £2,000 and reflect great credit on the ingenuity and energy of the students. The “season” should have ended with the Ball at the Hurlingham Club on 7th May, but the weather has interfered with this as with so many other Spring and early Summer plans. Still outstanding is the sponsored parachute jump by two of the third year students, who have so far been thwarted by adverse weather conditions, and who have, prudently, now decided to wait until after the practical section of their Finals at the end of June.

The biggest money-spinner was last year's *Sunday Times* Fun Run in Hyde Park, for which a lot of students arranged sponsorship. It is hoped that this coming September even more will get involved. The Christmas bazaar –

or bizarre as some of the local publicity promised – was also very productive and without loss of life despite the biting winds blowing through the colonnade.

The three-legged pub crawl demonstrated the remarkable generosity of our local population, the tolerance of landlords and the brazen effrontery of the crawlers. Again, no casualties were reported or prisoners taken.

In the New Year, a Gin Sling was held, with support from Gordons. What was actually “slung” has not been disclosed but the takings imply that it was fairly voluminous, whatever it was.

Perhaps that is not the appropriate epithet to employ for the T-shirts which have been on sale through the year, raising a profit of £300 odd. However, the distinctive legend requires not only lengthy perusal but also a reasonably extensive frontage over which to be spread, reading, as it does, “Chest bashing, neck stretching, leg pulling, motivating physio”.

The 1983/84 Committee chaired by Jane Fletcher, has already been active sussing out potential venues, collecting up ideas for lucrative ploys during the next twelve months and deciding which charities to support. Each year sees its variations in style and method, but what is consistent is the spirit in which the venture is approached. It is no mean undertaking to run a major social event in a big London hotel, nor to mastermind a continuing series of small happenings, while at the same time contriving to put in the work necessary to succeed in your Part II exams. We are at the beginning of the reference-writing period just now, seeking to balance the harsh judgment there with the soft counter here, and it has always seemed reasonable and apposite to allude to a student's involvement in these activities. These are, after all, as much part of her life and development as other more “professional” matters. Perhaps proficiency at pub-crawls might be a shade peripheral in this context, but the ability to organise a group of young women to produce a co-ordinated result takes some doing. I know!

Ronald Cooper

Book Reviews

“The Complete Medical Consultant”, by A. H. Osmond. First Edition. Pp. 114. Price £7.00. Published by H. K. Lewis.

This book is dedicated to the student and the recently qualified to help them decide which path to take, either general practice (with a warning that it “deals with everything that comes ... including the never ending stream of neurotic women complaining about their bowels”) or specialist practice – where the author seems to be unaware of the requirements for Higher Professional Training. It is aimed also at

those already in training, to established consultants, their wives, their secretaries, to hospital ancillary staff and to the general public. The book is almost entirely concerned with private practice. There is advice on the *House and Consulting Room* (antique or good reproduction furniture recommended; pastel shades preferred; fresh and not plastic flowers essential); the *Car* (buy a new one; have a weekly wash and a monthly polish; ensure a “sufficiency of petrol for an unexpected journey – especially at weekends”); also it is NOT a good thing to be seen with a female

passenger sitting beside you – especially if young and attractive); on *Secretaries, and the Wife* (the latter “chosen with a number of requirements in mind” – including being prepared to greet her husband with a smile and a supper no matter how late he arrives home and without asking what has held him up – as this might suggest suspicions of his actions); *Personal Dress and Grooming* (IN:– Dark suit, white shirt and pocket handkerchief, plain tie, polished shoes, hair – if any – well brushed and cut, and clean finger nails; OUT:– scented deodorants, so-called manly perfumes, or the breath smelling of alcohol). There are other sections on relations with patients and medical colleagues, behaviour in hospital, fees and book-keeping – but strangely enough no recommendations regarding an appointment system. Although well intentioned, a lot of the advice given may seem rather old fashioned and bears little relation to the requirements of the present day hospital consultant, while some is so obvious as to appear unnecessary. The illustrations, on the other hand, are excellent and most amusing, and the artist seems to have captured the feeling that the book is best regarded as the medical equivalent of the Sloane Ranger's Handbook.

G. W. SCOTT,
Consultant Physician

“Munk's Roll”; Volume VI, Edited by Sir Gordon Wolstenholme. Price: £25. Pp. 505. Published by Royal College of Physicians, London.

William Munk was Harveian Librarian to the College of Physicians from 1857 to 1898. Munk's Roll consists of biographies of past Fellows of the College, and Volume VI includes those who died between 1965

and 1975. There are 336 biographies and where possible they have been compiled by contemporaries or more immediate juniors. In other cases, the editor and Mrs. Valerie Luniewska have had to rely on published obituaries. An important innovation in this Volume has been the inclusion of photographs, of which 298 have been obtained.

As intended, individual accounts will no doubt be of interest and value to relatives and medical historians. Read *en masse*, the reviewer has mixed feelings of pleasure and sadness on recalling figures from the past. In this Volume, there are accounts of many Guy's trained Fellows as well as much-loved and revered members of the Hospital staff including Charles Baker, Sir Rowan Boland, Maurice Campbell, Sir John Conybeare, Arthur Douthwaite, Arthur Hampson and Walter Merivale.

In view of the large number of biographies, it is not surprising that some accounts bring the subject more to life than others. Recently, the *British Medical Journal* has suggested that doctors should be encouraged to write their own obituaries; such “do it yourself obituaries” would tell us more of a man's disappointments and failures as well as his successes, and be more accurate, colourful and personal.¹ Perhaps the same should apply to Munk's Roll and Fellows should be invited to send in autobiographies as they approach retirement. Nevertheless, this Volume should be of interest to Members and Fellows of the Royal College of Physicians as well as being of historical value to libraries and medical institutions.

G. W. SCOTT,
Consultant Physician

1 Do it yourself obituaries. *Br. Med. J.* 1982; 285: 1763–4.

Correspondence

Ongoing Nurses; Consultant Replay Interface

Dear Sirs,

Consultants have just received a communication (Appendix II, The Nursing Process), which includes the following sentence:

“Where it is expressed to the extent that medicine and nursing are two independent professions and because of that,

nursing care is said to be only the province of the nurse separate from the doctor's rôle who is allowed the narrow one of medication and surgery.”

A bottle of unassuming claret is offered for the best rendering into English.

J. PAYAN,
Consultant Neurophysiologist,
Department of Neurology,
Guy's Hospital.

INTRODUCTION

Mercifully, the weather has eased up, and we are at last able to read that the Cricket Club is in action. Fortunately, too, we were blessed with cloudless skies at the Summer Festival, and the heat undoubtedly contributed to the fatigue shown by the teams still in the latter stages of the 5-a-side football competition. This, the major crowd-puller of the day's many events (Simon Ward is to be congratulated on his smooth organisation of so many attractions), once again emphasised the footballing qualities that lie latent in so many Guy's students. Indeed, a team captained by an ancient football club goalkeeper, his hair-line beginning to recede and still without walls at free-kicks, and including a club turncoat, the five of them especially gathered to carry off the trophy, displayed the worthlessness of such attempts, and again failed to win.

Outstanding amongst our reports is the glorious story of the recently reconstituted Athletics Club, bursting onto the University athletics arena with a remarkable team victory in the U.L. championships. This victory was the result of many notable individual achievements, but was particularly due to the excellence of a first-year student, Joanne Taylor. Sadly, exams and an unjust points system robbed them of the double, and the U.H. title went to our neighbours on the South Bank.

The successes of this, and other, Clubs, such as the Boat and Squash Clubs, emphasise the sporting talents of Guy's students, but also highlight the lack of proper fitness training facilities at Guy's. The Pavy Gym weights are little more than useles, and the Gym itself inadequate for university badminton competitions, as the Badminton Club illustrate by their hire of outside courts. With the generous funds of the *Hayes Legacy* now available to us each year, serious thought should be given to the possible purchase of a multi-gym, which could be used by all clubs and many other students. I urge all students in favour of this idea to badger their captains, and at least allow debate on the use of the Pavy Gym to start.

M.B.

BLUES AWARDS

At the last meeting of the Blues Committee, on 31st May, Blues were awarded to the following:

Association Football Club:

Full Blues: Nick Cowland.

Half Blues: Stuart Mellor, Ian Renwick.

Boat Club:

Full Blues: Adrian James, Andrew Williams.

Half Blues: Martin Fleminger, Miriam Scadeng, Miles Ferrari.

Hockey Club:

Full Blues: Niaz Karim, Alan Lobo.

Half Blues: Guy Thorpe-Beeston, Tariq Sethi, Ian Cranston.

Ladies' Hockey Club:

Half Blues: Felicity Little.

Rugby Club:

Full Blues: Neil Slater, Allan Jones.

Half Blues: Neil Roberts, Philip Taylor, David Lloyd, Graham Meharg, Tim Bryant.

CRICKET CLUB

Chapter One: May Day!

The 1983 cricket season was opened in fine style by the pre-season drinks party very kindly provided by the Cricket Club President, Dr. Scott, and by the vice-presidents. In the midst of a most entertaining evening, it emerged that the new captain, vice-captain, secretary and treasurer would all be away during the following week, this being the week before the season was due to open. Thus the first two teams of the season were hurriedly put together from those present that evening.

In the event, this proved to be an entirely futile exercise since the games against Beckenham on Saturday, 24th April, and Rowan on Sunday, 25th April, were rained off even before the weekend had begun.

Guy's v. King's College Hospital at HOP on Wednesday, 27th April

Despite gloomy skies and rain, the third game of the season against K.C.H. actually got under way before being drenched and blasted to pieces by a violent thunderstorm.

Details of the play are scarce as Rupert was not present and nobody felt proud enough of their achievements to note them down in the score book. In essence, the game proceeded along the following lines: K.C.H. won the toss and elected to bat. Guy's produced a promising bowling display with Chris "Parrot-head" Pocock taking three wickets with his tidy seam bowling. Chris also took a very good slip catch early on which helped to reduce K.C.H. to a seemingly hopeless position. The rest of the team fielded abysmally to let K.C.H. off the hook. Six catches were dropped including a chance off a certain batsman who heralded the King's recovery with a fine half century after being dropped at nought.

At this point, the brief respite in the weather's mean malevolence ended. Chris King, our reinstated captain and leader of men led the team back to "Eric's Ark" for a few beers. A disastrous day in the field was salvaged by a fine debut display from Chris Pocock, and also a good bowling display from new vice-captain Iain Cranston.

★ ★ ★

The weather continued to play Maverick. The game against Temple Sheen Eccentrics on Saturday, April 30th, was abandoned before the weekend.

On Sunday, May 1st, the team gathered to travel to face the London Hospital. Despite all the odds, team members could not return promptly to bed to nurse the previous night's hang-overs. These had been carefully cultivated at various venues with the aid of various potent beverages, on the assumption that the gales and heavy rain which began at 10 p.m. the previous evening and continued throughout the night, would be enough to secure a good day's rest.

Thus a grizzly crew set off on the journey to Walthamstow in the early morning drizzle. Mike Bellew had to abandon his long suffering mini at Mile End, because of a ruptured hose. Cries of "Mayday" were overheard from the rest of the team, hoping that some celestial power would rescue them from almost certain drowning in the puddles on the road through Epping Forest.

On arrival, to their chagrin, Guy's were shown a pitch, which although wet, may have been playable after an early lunch. This was subsequently taken. Despite noble efforts by the groundstaff, the heavens opened at lunchtime, as did the bar. The first of these events ensured that there

would be no cricket, the second that the lack of cricket would soon be forgotten.

On Monday, May 2nd, the Hospitals' Cup game against the Royal Dental Hospital was abandoned without a ball being bowled. The same fate befell the University of London Cup game against Westfield College on Wednesday, 4th May.

Thus, out of the first seven scheduled days' cricket, only eighty minutes fielding had been possible. At this point, Rupert decided to take up board sailing.

★ ★ ★

The University of London Cup, First round:

Westfield College v. Guy's at Colindale on Saturday, 7th May

Guy's 104 all out. Westfield College 105 for 4, Guy's lost by six wickets.

Having entered the U.H. cup for the first time in a number of years, Guy's found themselves struggling to fit the fixture in due to the appalling weather.

The team which assembled at Guy's that morning was not Guy's strongest; notable absentees included Tunnadine who was frolicking about on the south coast. Also absent was our promising new recruit "Parrot" Pocock, who had followed the example of some members of Guy's Rugby Club 1st XV, and had turned an ankle while under acquired temporary paraesthesia complicated by cerebellar ataxia.

Ten members of the side waited for 45 minutes before a phone call from the secretary, Wiktor Zbrzezniak, revealed a fiendish British Rail conspiracy to delay his arrival together with the directions on how to get to the ground. A little over an hour later the secretary joined the rest of the team before the start of the game, which (guess what?) had been delayed by a shower.

Chris King lost the toss again and Guy's were inserted into bat. The serene start, provided by Nav Masani and Wiktor Zbrzezniak was short lived. As the drizzle set in, Nav hit across and around a ball which pitched on the line of leg stump and hit off stump. Then on the same score, Wiktor ended a fluent start by driving straight at cover point's head. Dave McGuckin departed in an equally suicidal manner after looking secure.

Fortunately, Iain Cranston, 33, and Tom Brink, 21, (yet another promising freshman) then rescued Guy's from a score of 19 for 3

with a good partnership of 45 runs. However, they both departed in quick succession, not capitalising on very good starts. Shortly afterwards, Mick Powell was run out while going for a third run which would definitely have been there if he had run as fast as the person who had hit the ball, Peter Jolliffe.

Hope was still justified for a recovery while our fine veterans, Jolliffe and King, were together. This was not to be as both found rather interesting ways of getting out. First Peter mis-hooked a beamer, which he had scraped out of his ear, straight to fine leg. Then Chris was bowled off his pads by a ball which was missing leg stump by at least one foot. The innings then folded up quickly to end at 104 all out.

Westfield College batted after lunch on a pitch and an outfield which were drier than in the morning. This enabled shots by their batsmen to reach the boundary while shots by Guy's men had consistently stopped short.

Guy's bowled tightly, but again fielded miserably. Guy's were still in with a chance when Westfield College were at 43 for 2 in the 19th over out of 40. However, at this point, one of the Westfield openers let fly and completed his fifty out of the first 69 runs. Tragically, he too had been dropped before he had scored. After this, Westfield won rather easily, losing only two further wickets to our bowling discovery, Dave "Wizard" McGuckin.

The post mortem concluded that, despite a very suicidal batting performance, Guy's could still have salvaged victory had they not dropped six rather difficult catches. Westfield did not drop one catch all afternoon.

The only consolation from this defeat was the easing of the fixture congestion produced by the rain.

Guy's team (Batting order) *W. Zbrzezniak, N. Masani, I. Cranston, D. McGuckin, T. Brink, P. Jolliffe, M. Powell, C. King,* A. Lobo,† M. Bellew, S. Black.*

★ ★ ★

St. Bartholomew's Hospital v. Guy's Hospital at Chislehurst

60 all out, St. Bart's 38-0. Match abandoned, rain.

The overture to another farcical performance by Guy's batting was performed the night before the annual fixture against Barts. Six members of the first eleven

gravitated on a certain party at which there was plenty of the infamous immuno-suppressive cider recently acquired by Guy's bar. There was a certain amount of adventure involved in getting to this party, including the by now fairly common event of a tree jumping out behind our captain's car as he reversed to park.

The next morning, the team set off for Chislehurst. Our clairvoyant umpire, Richard Moseley, must have foreseen the disasters to come and he ensured that we drove to Chislehurst via Canterbury (or so it seemed to Rupert).

After Guy's arrived 45 minutes late, Chris King promptly lost the toss for the third game in a row. Guy's were inserted into bat. Shortly after lunch, Guy's were bowled out for 60 (yes sixty!) runs. Only Tom Brink with 15 escapes serious criticism for lack of application. Chris King scored 20 before being caught at the wicket, but he was at least half responsible for the early run out of his opening partner, Dave McGuckin. Next to depart was Wiktor, top edging a hookshot to mid-wicket off only his sixth ball. Dom Stuart was also caught trying something equally irresponsible, for 2. Iain Cranston was perhaps a little unlucky to be lbw for 3. What followed was watched from the other end by the staunch Brink. The description of these events is best devoid of names. Suffice it to say that it included a golden duck, a silver duck, as well as Mike Bellew's bat connecting with a cricket ball for the first time this season.

Barts seemed to be sailing to victory at 38 for no wicket when the heavens opened to deprive Guy's of a well deserved defeat. Guy's has only their umpire to thank for delaying the start by the crucial 45 minutes which, had they been used, would have ensured a Bart's victory.

The only consolation from the weekend's cricket was that Guy's batting was irresponsible rather than incompetent. Catching, too, ought to improve as the season progresses. The bowling was reasonable, if not exceptional, even in the absence of our star, Charlie Tunnadine.

As Rupert sailed off into the sunset on his sail board, cries of "Mayday" could be heard again. This time the cries were not just in fear of drowning.

Guy's team (Batting order): *C. King,* D. McGuckin, W. Zbrzezniak, D. Stuart, I. Cranston, T. Brink, G. Shannon, M. Denti, S. Black, W. Hanks,† M. Bellew.*

The brief interlude in the near continuous downpour came to a rather fortunate end with the narrow escape in the game against Barts (previously described in these columns). The traditional game against Stoics on Wednesday 11th May was relinquished due to the weather. This brought the total number of cancellations to seven out of the first ten fixtures. Of the remaining three games, only one had been completed, while the other two had to be abandoned to the ravages of this Spring.

The Hospitals cup: First Round Guy's v. Royal Dental Hospital on 14th May at H.O.P.

Re-arranged after a washout on Monday 2nd May, this fixture was originally due to be played at the R.D.H. ground in Cobham. However, the day before the game was due to be played, the fixture had to be moved to Honor Oak Park as the R.D.H. ground was still waterlogged. Much credit must go to the groundsman for producing a pitch as good as any seen at H.O.P. last year, in only a few hours – a miraculous achievement bearing in mind the quagmire engulfing most cricket grounds (including first class venues) throughout the country. Enough cannot be said in praise of Eric Dann.

By some freak of nature, the day of the match proved to be sunny. The showers held back all day enabling the match to be completed. The first moments of contest confirmed that Chris King had indeed perfected the art of losing the toss (four out of four so far this year!) Consequently, Guy's were inserted into bat – a correct decision in view of the dampness of the pitch and the wetness of the outfield. The score card detailing Guy's batting performance is self explanatory (see below). Guy's lost two early wickets, but were rescued by a fine third wicket partnership of 140 runs between Iain Cranston (71) and John Rees (70). There was a marked contrast in styles which made the game all the more pleasant to watch. Iain Cranston looked the more stylish but was the more subdued, while John Rees faced the bowlers like the dragon with fire erupting from his every stroke. The highlight of the Guy's innings was John Rees reaching his half century with a pull for six runs over the square-leg boundary.

The rest of the batting order presented some man management problems with all eleven players being recognised batsmen.

In the event, Chris King made the correct decision in sending the more aggressive players in early. However, they failed to bear fruit and it was left to the last three men to have a slog at the last 2½ overs. The innings rather faded away after the fine partnership, but the total of 222 all out was only about 20 short of that previously envisaged. The total was helped very much by the 34 extra's given away by the R.D.H. bowlers, who, with the exception of one Philip Price, were rather poor. Price took 5 wickets for only 12 runs in twelve overs. Fortunately this effort seemed to exhaust his energies as he was unable to repeat his fine innings of 54 made for Middleton against Guy's on tour last year.

The Royal Dental Hospital started their reply before tea, and they had progressed to 19 without loss by the interval. However, a rejuvenated Cranston came out to bowl both opening batsmen out, the first to the first ball after tea. The menacing Price was removed for only one run by a rather spectacular diving catch by Dave "Joel" McGuckin. This reduced the Royal Dental to 20 for 3 wickets.

Thereafter, Chris Pocock's bowling proved too straight for the R.D.H. batsmen. First of all, he took two wickets in successive deliveries, but failed to claim his hat trick. A few overs later, he achieved this thanks to one straight ball, one fine wicket keeping catch by Ian Leonard, and one suicidal R.D.H. player who cut a short ball from outside his off stump into his wicket to complete the hat trick. Chris narrowly failed to get his 4th wicket in four balls. This enabled Dom Stewart to claim his first wicket and victory for Guy's with only his second ball. The Royal Dental had been tumbled out for only 74 runs in 30.2 of the available 60 overs.

Guy's Hospital 1st XI

Jolliffe, P. – bld Price	6
Masani, N. – bld Thomas	6
Cranston, I. – lbw Price	71
Rees, J. – ct. Bradley, bld Patel	70
Brink, T. – Run out	11
King, C.* – bld Price	4
McGuckin, D. – bld Thomas	1
Leonard, I.† – bld Price	1
Pocock, C. – Run out	8
Zbrzezniak, W. – ct. Morgan, bld Price	8
Stewart, D. – Not out	2
Extras	34
Total	222

All out in 59.3 overs

Fall of wickets 1-13, 2-19, 3-159, 4-192,
5-193, 6-196, 7-197, 8-205, 9-220

Bowling: Price	12-6-12-5
Thomas	11.3-1-36-2
Thornton	6-0-28-0
Morgan	12-1-48-0
Patel	8-0-37-1
Irvine	10-0-26-0

R.D.H. 1st XI

Barret* - bld Cranston	7
Patel - bld Cranston	8
Price - ct. McGuckin, bld King	1
Thomas - ct. and bld Pocock	1
Bradley† - bld Pocock	28
Irvine - bld Pocock	1
Hyde - bld Brink	5
Morgan - ct. and bld Stewart	15
Sampson - ct. Leonard, bld Pocock	0
Thornton - bld Pocock	0
Purnell - Not out	0
Extras	8
Total	74

All out in 30.2 overs

Fall of wickets 1-19, 2-20, 3-20, 4-29,
5-37, 6-61, 7-71, 8-71, 9-71

Bowling: King, C.	6-1-13-1
Cranston, I.	6-2-4-2
Pocock, C.	9-1-14-5
McGuckin, D.	5-0-22-0
Brink, T.	4-1-11-1
Stewart, D.	0.2-0-1-1

Thus Guy's progressed to the second round of the Hospitals Cup with an emphatic win over a weak Dental Hospital team. Guy's might have bowled the R.D.H. out for less than the 38 runs that the R.D.H. managed against Barts last week. This was largely prevented by two catches being dropped off Dave "Joel" McGuckin's expensive variety of near wides, full tosses and short pitched balls. Truthfully, Chris Pocock was the only Guy's bowler to bowl reasonably accurately. His justifiable reward was 5 wickets for only 14 runs. All the other bowlers lost their direction and thus their menace.

Overall, this was an encouraging performance despite the heavy reliance on the individual talents of John Rees, Iain Cranston and Chris Pocock. It was certainly celebrated as such with the consumption of plentiful jugs of beer flowing freely from fizzy furkins (try saying that after a few!). Notably, a staunch member of the team celebrated his impending birthday with the following statement made while he was

interrogating Eric's hench-man Roy:

"My shoes are Nike,

My hair is John McEnroe

So just pull yourself together man!"

Roy's reply was probably more philosophical and certainly far more accurate:

"My parrot could say that better!"

Legend has it that the staunch man, while wending his way through London's swaying streets later that night, fell off his bicycle having forgotten to put his feet on the ground after stopping at some traffic lights!

The next morning, team members woke to the familiar pitter patter of ... (guess what?). This proved to be a fine tonic for the hangovers of the previous night as it ensured that there would be no need that day to focus on a piece of red leather travelling at a totally unreasonable speed. The game against the Nomads was rained off before either team had set off for the ground, thus following the pattern of so many of this season's fixtures.

Tales of woe and disaster

The brave men of Guy's Hospital 1st XI recuperated after their fine victory against the R.D.H. in the Hospitals cup for rather longer than they might have expected. This prolongation of idleness was forced upon the warriors by an unfortunate combination of circumstances. No fixture had been arranged to replace the game against Incogniti who has failed to materialise for the past two seasons. Then, on cup final day, the Brixton Police did not show up, despite confirming the fixture by post. That game would not have been completed anyhow, and the rain also accounted for the game against Lonsar, which had been hastily reinstated because the Charing Cross Hospital had postponed the Hospitals Cup fixture giving only two days notice. Rupert retired to Southwark Cathedral to worship at the feet of St. Swithin who layeth there (May he R.I.P.!).

Thus, it was quite a pleasant surprise when a game of cricket was actually played on Wednesday 25th May.

Guy's Hospital v. City of London (G.P.O.) on Wednesday 25th May at H.O.P.

City of London (G.P.O.) - 130 all out (Tunnadine 3-18); Guy's Hospital 112 all out (C. King 20, W. Zbrzezniak 19). Guy's lost by 18 runs.

The inauguration of the fixture against the City of London (G.P.O.) had already been delayed for one year by the weather,

so it was an even greater pleasure to see sunshine and to feel the warm, drying breeze of late Spring blowing.

The game began in the now customary style with Chris King losing the toss. The G.P.O. elected to bat and despite an early break through by Tunnadine, the opposition moved steadily to 85 for 1. The fine second partnership was ended at this point with both partners departing on the same score to Cranston and King, respectively. King also accounted for the next batsman to reduce the G.P.O. to 90 for 4. A brief recovery ensued but this was rapidly terminated by our secret weapon, Parvey "Imran" Khan, on his 1st XI debut. A fine spell of bowling nearly included a hat-trick, but this was foiled by a batsman who seemed to know which way to hold his bat! A few runs later, Charlie Tunnadine cleaned up the tail to leave the City of London (G.P.O.) at 130 all out. Guy's batted after a late tea interval, but were never under real time pressure if only they did not lose wickets. A steady opening partnership of 29 gave a fine base for the middle order which promptly collapsed to leave Guy's at 57 for 5 wickets. At this point, Chris King joined Wilktor Zbrzezniak who had already had his fair share of luck, having been apparently bowled while on nought. However, the balls did not fall as the ball brushed past them. Wilktor continued to ride his luck but after scoring 19 he tried to squeeze one run too many, and was bowled, thus ending a 37 run partnership. Guy's were still in with a chance at 94 for 6, but when Chris King was finally out for 20 at 102 for 7, the Guy's innings was doomed. Chris had played a fine captain's innings showing Tunnadine and Cranston the way to play on a slow wicket. The game was over when Simon Plint faced his first and only ball for Guy's thus far. Guy's were all out for 112 thus losing by only 18 runs. This was a very close and competitive game which Guy's were unfortunate not to win.

Guy's XI (batting order) D. McGuckin, T. Brink, I. Cranston, W. Zbrzezniak, C. Tunnadine, M. Dearji, C. King, S. Black, P. Khan, S. Kennedy, S. Plint.*

On Saturday 28th May the annual get together with the Past was rained off despite good weather throughout the previous week. This left Rupert with no choice but to revert to watersports. Rumour has it that, later that day, Rupert was seen consuming large volumes of Pimms on the banks of the Thames at the Oxford Eights.

Guy's Hospital v. Charing Cross Hospital on Sunday 29th May at H.O.P.

Guy's 132 all out (J. Rees 60); Charing Cross 133 for 6 wickets (Cranston 3-33) Charing Cross won by 4 wickets.

The Guy's Hospital campaign to recapture the Hospitals Cup came unstuck in the musky light at the end of a harrowing May. Embarrassingly for the skipper, twelve men were selected for eleven places, and Wiktor Zbrzezniak accepted twelfth man's duties for the day (drinking Fosters!) However, as will become apparent later, Wilktor very nearly ended up playing.

Chris King extended his run of failures with the coin and Guy's were inserted on a wet and drying wicket. The nature of the wicket and the initial slowness of the outfield played a considerable part in the failure of Guy's to reach the semi-finals of the U.H. Cup. Whichever side batted first would have suffered a considerable disadvantage on this wicket.

The Guy's innings had not got off the mark when the first wicket fell to the fifth (and first straight) ball of the day. Iain Cranston, due in next, was nowhere to be found despite desperate efforts to contact him. Apparently, Iain had been falsely informed by someone at H.O.P. that the game had been cancelled due to the rain of the previous day! (He has been referred to ENT!) Thus John Rees came in next and played yet another priceless innings for Guy's. He did not find any support in the Guy's middle order batting and Guy's quickly slumped to 23 for 5 wickets. Cranston was still eluding capture, but at last John Rees found a steadfast partner in Chris Pocock. While John stroked his way to a handsome sixty runs, Chris Pocock scored 24 valuable runs before being lbw to a slow full-toss. The later order folded up in unspectacular fashion. Cranston was at last located and having raced across London, he arrived as the penultimate wicket fell. Had he arrived just one minute later, he could not have played and his splendid bowling, which put Guy's in with a chance, would have been desperately missed. Guy's were dismissed off 48.1 overs out of the allocated 60 overs with 132 runs. Despite the poor wicket, many Guy's wickets were lost to injudicious heaves. Had the remaining twelve overs been used up, Guy's may well have had a winning total.

When the Charing Cross batted, they quickly lost two wickets to Cranston's

accurate medium pace. Tunnadine bowled very tightly but with no luck. ("They were not good enough to touch it!" Charlie told us later!) The Charing Cross recovered to seventy for two wickets. At this point, four wickets fell in quick succession, and, in between, two difficult catches were dropped. The old axiom "catches win matches" was never more truly applied. The day ended on an anti-climax as the Charing Cross reached the required total with five overs to spare.

Thus for the second game in a row, Guy's lost in a tight finish. With "friendly" cricket only left this season, the pressure is off the players and it is hoped that batting especially will improve. As the drizzle signalled the end of May, Guy's cricketers retired for a few friendly jars in Eric's Ark.

Guy's XI: (batting order) N. Masani, D. McGuckin, J. Rees, C. King, C. Tunnadine, C. Pocock, P. Jolliffe, I. Leonardt, T. Brink, P. Khan, I. Cranston.*

Rupert the Bare

BOAT CLUB

Rowing Bumps: The Quor VIII

After countless weeks of dermatology, inspired by the leadership of Dr. Charlie Wells, our fearless crew, the Roman Quor

VIII took to the waters, ready to challenge the world. The rusty talents of some of the finest oarsmen ever to grace Guy's Bar were to be put to the test in that great leveller of rowing events – the Bumps.

Finding ourselves at Chiswick on the first day, 11th May, we were soon in familiar surroundings – the bar. Waiting for the last members of the crew, we found solace in the "London Pride", and had almost remembered what a boat was when the time came to test out our newly acquired knowledge. Having found one to take eight people we set off for the start under the direction of Miriam "Speak Up" Scadeng. Rowing upstream, "Crab" Barnick soon got into his stride and could be seen in familiar pose, on his back in the bottom of the boat.

A fair start was not enough to enable us to catch the crew in front, and the crash of wood against wood heralded the disappearance of all the crews around us and left us to row the course alone. Good practice, but not enough to satisfy us, so we drowned our sorrows in the Bar, "Nuisance" Newson leaving 50p for a round before heading homewards. Having failed in the attempt of trying to convince "Animal" Matthews that Guy's Bar was *the* place to be (and almost losing their lives in the process), Barnick and "French Fries" Lloyd joined "Home Brew" Ward in Wolfson and



*Back row: Animal, Take Five, Happy Days, Home Brew, Nuisance, How's the wife.
Front row: Crab, Evening Standard, French Fries.*



Roman in the Gloamin': Barnick, Lloyd, Ward, Deuchar.

entered the early hours in a state of oblivion.

Hangovers were not enough to stop us from attacking the second day with an even greater sense of fervour. Ian "Once a Year" Brown, gave up his place for "How's the Wife" Smith only because the latter would be an ideal replacement if an oar broke. Going on the previous day's experience that 3 pints was a full tank for rowing, we catapulted off the start, and Ward, at bow, was in a position to be extremely chummy with the St. Thomas's cox after only 15 strokes.

Their surrender assured, our cox, Neil "Evening Standard" Deuchar had a rush of blood to the head and decided to bump every other crew on the river. One shattered bow and several frayed tempers later, we decided to call it a day and set off for the boathouse, "Take Five" Thomson having a particularly relaxing time at stroke, using the feeble excuse that his seat kept coming off.

Less drinking than was advisable took place on the Thursday night, due to the Der-

matology MCQ being held the next day, but having brushed aside Wells' protests at our multi-toga'd appearance, we hit the booze on the train and were soon in fine voice, accompanied by "The Duke" on Slave Drum. A fine row to the start ended in disappointment, as there was no one to chase, the crew in front having a technical bump due to one boat not turning up. Despite "Where's the Happy Day?" Cameron hitting more gravel than usual, we were unable to catch Royal Free, but used a merry rowing song or two to help us annihilate St. Thomas's again (from the front this time!). Their eggs were generally off target, but autolytic behaviour led to many togas getting wet and stiff drinks were in order. Most of the crew soon disappeared and it was left to Lloyd, Barnick and Ward to keep the flag flying.

Later, in Guy's Bar, Barnick lost at snooker, Ward didn't know any more and Lloyd simply couldn't remember how many times he'd been to MacDonalds. The pub was the only safe place to be . . .

H.B.W.

ATHLETICS CLUB

After a long interval of 6-7 years, Guy's Hospital Athletics Club was reconstituted at a meeting held in March. The following were elected to serve on the committee ;

President Mr. Michael Watson

Captain Rifat Atun

Vice-Captain Joanne Taylor

Secretary Michael Martin

Captain of Cross-Country Andrew Williams

Organising the team for the University of London championships on May 5th was no easy task, because several members of the team were on their electives. Despite this, the team was exceptionally strong and proved to be so at the meeting. The U.L. championships witnessed the biggest turnout of students and colleges for the past 20 years, totalling well over 600 competitors and 20 colleges. After a long evening with some finals being cancelled, the team results were as follows:

Men:

1. Goldsmiths' College 44½ pts.
2. St. Thomas's Hospital 41 pts.
3. Guy's Hospital 39pts.

Women:

1. London Hospital 37 pts.
2. Guy's Hospital 31 pts.
3. St. Thomas's Hospital 22 pts.

Combined:

1. Guy's Hospital 70 pts.
2. Goldsmiths' College 64½ pts.
3. St. Thomas's Hospital 63 pts.

Individual results were as follows:

Men:

High Jump 1st	R. Atun
Pole Vault 1st	G. Meharg
400m Hurdles 1st	R. Jewett
400m 2nd	M. Hackett
4th	R. Jewett
800m 4th	D. LLOYD
Javelin 6th	M. Marsh
110m Hurdles 4th	R. Atun
Discus 4th	S. Petrides

Women:

110m Hurdles 1st	J. Taylor
Long Jump 1st	J. Taylor
High Jump 1st	J. Taylor
Shot 1st	J. Taylor
400m 4th	K. Pereira

The next big task was the prestigious United Hospitals Championship, one which Guy's has dominated in the past, and would have done so this year if certain unfortunate events had not hindered the team. Our great hope in the 800 and 1500m, Karen Pereira, was late for her events because of unexpected circumstances. Yvonne Seaton

was injured after successfully competing in the 100m and javelin and could not compete in the 4 x 100m relay in which the Guy's team was disqualified (at the expense of 10 pts.) However, Guy's won more first places than any other hospital, but were victims of the points system which meant that the winner and the person coming 7th or 10th would score the same points. This system favoured St. Thomas's. Performances of high standard were set by R. Atun, R. Jewett, R. Healicon in the men's events, and J. Taylor and Y. Seaton in the women's events. Individual results were as follows:

Men:

A-String

High Jump	1st R. Atun	1.95m
Long Jump	1st R. Atun	6.34m
Shot	1st R. Healicon	11.83m
Triple Jump	2nd R. Atun	12.41m
Javelin	2nd R. Healicon	46.78m
800m	2nd D. Lloyd	2.02min
1500m	2nd M. Martin	4.22min
Discus	2nd S. Petrides	29.90m
400m	2nd M. Hackett	50.4s
4 x 110m	3rd R. Atun, C. Coker, M. Davies, R. Jewett.	

B-String

High Jump	2nd C. Coker	1.60m
Long Jump	1st C. Coker	5.67m
Shot	2nd M. Sinden	9.99m
Triple Jump	3rd C. Coker	11.67m
Javelin	1st M. Marsh	45.80m
800m	2nd G. Cook	2.11.6min
Discus	2nd M. Sinden	23.82m
400m	1st R. Jewett	51.6s
100m	2nd R. Jewett	11.9s
200m	1st R. Jewett	23.1s

Women:

A-String

100m	1st J. Taylor	13.08s
Long Jump	1st J. Taylor	5.32m
High Jump	1st J. Taylor	1.65m
Shot	1st J. Taylor	11.26m
Javelin	1st J. Taylor	30.74m
1500m	4th J. Hume-Kendall	
200m	4th N. Salter	

B-String

100m	1st Y. Seaton	14.1s
Long Jump	4th P. Plummer	3.57m
High Jump	4th A. Panahloo	1.10m
Shot	3rd P. Plummer	6.60m
Javelin	1st Y. Seaton	23.74m
1500m	2nd N. Salter	6.20m
200m	4th A. Panahloo	

Overall results were:

1st St. Thomas's	207 pts.
2nd Guy's	192 pts.

Members of the Guy's athletics team have also been active in the university team. R. Atun is the field captain of the University team and has represented the team in high jump and long jump and 4 x 100m relay in all matches. R. Jewett has been a regular member of the team in the 400m, 400m hurdles and 4 x 400m relay. J. Taylor has not been able to compete because of her B.M.S. exams. R. Atun has been selected for high jump and long jump in the British Universities Championships at Gateshead at the end of this month. J. Taylor has been selected for high jump, long jump, shot and javelin, but is unable to compete because of her viva-voce examinations.

This year, a United Hospitals Athletics team has been established under the Presidency of Sir Roger Bannister and R. Atun has been appointed as the Captain and will be representing the team in high-jump, long-jump and 4 x 100m relay. D. Lloyd has been selected for 800m, R. Jewett for 400m hurdles and 4 x 400m, M. Martin for 2000m and R. Healicon for the shot. The above mentioned will be appearing in the City Charities match against the University of London, the City Banks, the Civil Service and the Metropolitan Police.

Although the team has only recently been founded, it has a great potential and a very good prospect for the future. We need more members, especially women, to support the one-person team of J. Taylor.

Finally I would like to thank Mr. Bompas for his enthusiastic help in organising the team, meetings and transport. I hope that next year we shall be able to bring the U.H. shield back into his office.

Rifat Atun
(Captain)

LADIES HOCKEY

Ladies Hockey is still alive and kicking at Guy's (kicking being the operative word in the opinion of our male colleagues!), though 1982-3 will not be remembered as one of our better seasons. Abandoned by the ever brilliant Wendy Jane Stephenson, and missing the much-needed skills of Ann Speight and Janet Singleton (when they couldn't make it), the much maligned maidens regularly fought their way through

mud-filled marshland, struggled up sharp inclines, dodged molehills, dribbled neatly round leaves and sticks, and hacked hapless defenders to death in their relentless drive for goal. (Some players consistently took the law into their own hands in deciding which goal they aimed at!). However, the selfless dedication and total commitment with which these women bruise their shins twice a week for pure enjoyment must be seen to be believed.

Lack of continuity in the side probably accounted for the majority of games we didn't quite manage to win, though insufficient aggression may be another contributory factor. Nevertheless, enthusiasm for hockey is still high and with a little more concentration on basic techniques, (such as which way up to hold a hockey stick), and teamwork (occasionally passing the ball to someone else), the side should soon be able to reveal some of its, as yet latent, potential. Failing that, we'll probably take up knitting classes.

S.

1st XI Players:

E. Busty; A. Scoones; R. Elwin; F. Grant; K. Hornung; A. Law; Z. Brenchley; S. Topping; F. Little; J. Singleton; J. Craze; Y. Seaton (Capt); A. Speight; P. Wou; J. Danin.

SNOOKER TEAM

For the first time in three years, a Guy's snooker team has competed against other London colleges, and not without success. Out of a total of 11 matches we won 9, losing only to the eventual winners, Imperial College.

As Secretary, I felt it an obvious move to start competition snooker once more. In my first term here, I had seen active competition effectively cease. In taking over the running of the club, besides buying various pieces of equipment to improve our already excellent facilities, I first intended to run a Guy's championship. Nigel Poole won, and along with a new keen player, Eli Barran, I felt we had the nucleus of a team. We entered a team of five for the tournament run by the established champions, Imperial College. There has always seemed to me to be two sets of players down there in the dark, quiet hall of green baize and pools of light: the now largely absent school on whom I practised my new shots, who had dominated snooker here until recently, and the new talent who formed most of our

team in this last season. We did, however, get a couple of "guest appearances" from the older players, namely Keith Underwood and Charlie Tunnadine. Of the numerous newcomers who played, Dave Tong and Mark Osborne showed particular promise. The only player to win all his matches was Nigel on second and third table, showing consistency even when off form.

Imperial, as I have mentioned, have been the champions for many years. They had taken their "A" team out of the tournament, but their captain conceded that their "B" team was little different. They entered two other teams; The London School of Economics had two, as did Queen Mary College. The results were as follows:

	Played	Won
Guy's vs. I.C.	B	2 0
	C	2 2
	D	2 2
L.S.E.	A	1 1
	B	1 1
Q.M.C.	A	2 2
	B	1 1
TOTAL		11 9

We played half our matches away, and experience of other colleges once again makes me grateful for the excellence of our

own facilities. There was a very pleasant team spirit, and practice sessions here at Guy's before the match contributed to our apparent success. Our losses against I.C. "B" team were by a margin of 4-1, the same margin incidentally by which we beat Q.M.C. "A" and Q.M.C. "B". I.C. "B" potted reds like us, but generally put in colours after them in a very business-like fashion! Putting it simply, they potted blacks!

After it was all over we had a friendly re-match. On that occasion, we narrowly lost, the final score of 3-2 being 5 very close frames of snooker. Obviously, if more practice time were available with, say, the snooker room being open over the weekend, then winning the league might be a possibility.

Imperial are no longer running the league, and no-one will take over, so it looks as though team snooker might fade once again. It is my hope that someone will step forward and challenge other teams on behalf of Guy's and persuade our talented players to join together to play the winning shot under the fearful gaze of the opposing team.

Here's to the Captain's pride!

P. D. Oliver

Hospital Information

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BIRTHS

GAIN - On 25th January, 1983 at Guy's to Jackie, wife of Dr. Richard T. G. Gain, a son Nicholas Peter Garner, a first grandchild for Dr. & Mrs. Robin G. G. Gain.

DEATHS

O'KEEFE, John P., M.R.C.S., L.R.C.P., 1938 of P.O. Wintertskloof, Pietermaritzburg, Natal 3240, South Africa, on 8th April 1983. Colonial Medical Service and late M.O.H. Pietermaritzburg. Husband of Polly (née Pegum) S.R.N., 1939, father of Stephen, M.B., M.R.C.P., 1971 and Sarah S.R.N. 1963.

CHANGE OF ADDRESS

BRAY, Dr. E. C. - Little Rowans, Ridgeway, High Wycombe, Bucks, HP13 5BE.

WAKE, M. C. - 17 Terrapin Road, London, SW17.

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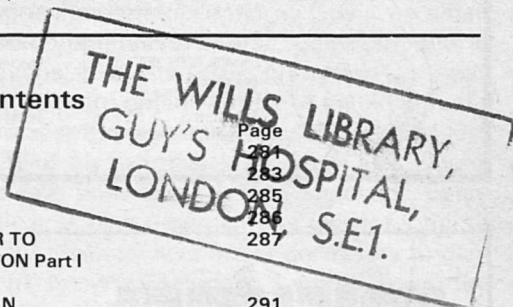
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On Student Affairs

The combined medical and dental student population presently attending courses in Guy's is somewhere in the region of one thousand, a far cry from the Guy's of twenty or thirty years ago, when the figure was more around the six hundred mark. The present day student number, of course, is only another statistic – a form of economic assessment, devised and projected for the health requirement of the community at large, imposed by Mammon; without pretension, it hides the everyday facts of student life. However, behind every digit that comprises the thousand there is an individual, aspiring to join a profession with a justifiably distinguished reputation. It is sad to reflect that of the thousand hopefuls entering Guy's, an albeit small, but significant, number fail to complete the course, generally due to personal, financial or academic reasons. It is the latter on which we shall briefly dwell. The examination is the ultimate objective test of an individual's ability or at least if not perfect in this respect, as near as possible a measure of the same. Accepting the objectivity of the examination system as a whole, the question remains – why do a few individuals fail to succeed? Every student accepted to either the medical or dental school has the potential to pass, as proven by the high 'O' and 'A' level achievements necessary to gain entry. All the individuals forced to resign from the Schools have the evidence of previous academic ability. A few are plain lazy, a very few incompetent for the future rôle they have cast themselves in; but what of those others? Among those who do not fit into either of the categories already mentioned are a number of officers of the Clubs' Union. In the last three years, two Clubs' Union officers have been forced to resign their studentships, two have left their posts prematurely for career reasons, and a number of others have experienced difficulty in fulfilling course requirements. In particular, the posts of social secretary and bar secretary seem to be destined for those who subsequently run into career difficulties. There is no doubt whatsoever that these posts are demanding, time consuming tasks (if they are to be at all done competently). However, it is a fact that the academic and practical requirements for ultimate admission to the profession are now so demanding, that the extracurricular activity involved in organising the social side of Guy's necessarily suffers, if the Clubs' Union officer is to have any prospect of succeeding in his or her chosen career. In recent years, a number of attempts have been made to create sabbatical posts, available to students willing to take a year away from their chosen career so that they may effectively perform the necessary task of organising events for the members of the Clubs' Union. Student instigated attempts to introduce such an opportunity have, to date, been rebuffed (repeatedly) by the School authorities, principally because of the problem of finance.

The training of a general medical or dental practitioner is costly to say the least – £40,000 for a dental surgeon. The loss occasioned by the resignation of a student is hard to quantify, an almost intangible figure. However, it is surely worth the provision of one year of student grant to one or two students willing to occupy their time in order to organise social facilities for the rest of the student body, when the relatively small sum involved is compared to the loss to the tax payer of finances for perhaps two years of wasted training, not to mention the human tragedy of personal ambition frustrated, simply because of an over commitment to an appointed Clubs Union post. It is sincerely hoped here that this apparently shocking waste of talent may be stopped – and stopped soon.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are September 14th and October 12th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

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Birthday Honours List

Dr. R. E. Irvine, M.B., B.Chir, M.D., FRCP.

Our heartiest congratulations to Dr. R. E. Irvine, who has been awarded the C.B.E. in the most recent Birthday Honours list, for services to the elderly.

Mr. G. Ferrison, L.D.S., R.C.S.(Eng).

Our felicitations are also extended to Mr. G. Ferrison (Guy's 1954), who has been awarded the M.B.E.

Surgeon Captain F. R. B. Mathias

Many of our readers will be interested to know that Surgeon Captain (D.) F. R. B. Mathias O.St.J. QHDS. Royal Navy (qualified LDS Guys 1952), has been nominated to become the Director of the Royal Naval Dental Services.

He will be promoted to Surgeon Rear Admiral (D) and take up his appointment in the Ministry of Defence on the 9th September, 1983.

Dr. A. Aynsley-Green

May we extend our congratulations to Dr. Alan Aynsley-Green, who has been appointed to the James Spence Chair of Child Health, in the University of Newcastle-upon-Tyne.

Dr. D. Jones

We should like to extend our felicitations to Dr. David Jones, who has been appointed Consultant in General Medicine and Chest Diseases at the Grimsby District General Hospital.

Dr. S. Balfour-Lynn

Dr. Stanley Balfour-Lynn, chairman of the private hospital group AMI Hospitals Limited, and a columnist for THS *Health Services*, has been released from his AMI duties in order to enable him to pursue his interests in public and voluntary work in the health field. He will continue to advise the Board. Dr. Balfour-Lynn's own company was taken over by AMI in 1974.

At the recent Annual Council Meeting of the NSPCC, Dr. Balfour-Lynn was elected an Honorary Member of the Council.

Dr. M. Winter

Our compliments to Dr. Mark Winter, who has been appointed Consultant Haematologist, in the Isle of Thanet District, Kent.

Miss A. E. Capon

Congratulations to Miss Anne Capon, clinical dental student, on winning the Hoyt Prize for dental research at the recent annual meeting of the British Division of the International Association for Dental Research. The title of her paper was, "The Rôle of the Innervation in the Development of Palatal Rugae in the Mouse."

Sir Cosmo and Lady Bonsor Scholarship

Applications are welcomed for the award of the Sir Cosmo and Lady Mabel Bonsor Scholarship, which is open to all members of the Guy's Hospital Nurses' League and is awarded in January each year.

Grants are made to assist a post registration project and letters of application should contain details of the project, the financial commitments and the present post of the applicant.

The closing date for applications is 15th December, 1983, and should be sent to the Honorary Secretary, Guy's Hospital Nurses' League, Nursing Administration, Guy's Hospital.

Guy's Hospital Nurses' League Biennial Party

May we remind League members and their friends that the Guy's Hospital Nurses' League will be holding the Biennial Party on Friday, 21st October 1983, from 18.30-20.30 hours, in the Robens Suite. Application for tickets at £3.00 each should be made to the Honorary Secretary, Guy's Hospital Nurses' League, Nursing Administration, Guy's Hospital.



A British Airways Helicopter flying in supplies to the top of the tower, where a building operation is in progress to provide facilities for the increased staff and administration consequent to the amalgamation of the Royal Dental School and Guy's

Appreciation

Dr. T. D. Houlding, B.Sc. (Hons).

As a result of final qualification, the *Gazette* has lost one of the most able editors in recent years. Tim Houlding came to Guy's in 1976, from King's School, Worcester. He first joined the *Gazette* in October, 1980, after having gained first class honours in an intercalated B.Sc. in Medical Physics. In addition, Tim spent a considerable amount of time between lectures building a motor car: more specifically a 1929 4½ litre Bentley, which on occasion can be seen parked resplendent in the Consultant's car park, daring anyone not to like it.

Tim's interests are not limited solely to his vehicle however, as amply demonstrated by his writings in the *Gazette*, which have reflected a diversity of interest in a fluid and lucid style far better than the mere ordinary.

A man of great charm and constant good humour, Tim (Bentley Boy) Houlding will be sadly missed in the office, though much to the gain of his future patients. May we wish him well in his new career, which surely cannot fail to be a success.

M. C.



Union Resignations

I'm sorry that this month's news must start on a sober note, with a story which is becoming all too familiar. Once again the Clubs' Union Council has been depleted by the loss of two of its most important members. Astrid Cunningham, Social Secretary, resigned her post at the end of June, due to various personal matters. I would like to thank Astrid for all the work she has done for the Clubs' Union – we were all sorry to see her go.

Our second loss was an even more bitter one. John Trickett, Bar Secretary, has resigned his studentship after failing his BMS resits. It is a sad irony that John's resignation came at the same time as one of the biggest improvements in the bar, that is, the instalment of a new bar counter, with Real Ales from Courage and Young's now on tap. John has worked tremendously hard as Bar Secretary: I would like to thank him for all his efforts, and wish him well for his future career, wherever it may take him.

These resignations will inevitably cause discussion as to whether we should offer a Sabbatical post to one of our Union Officers. This would of course extend an already lengthy period of study and finance may be a problem, but the efficiency of the Union, and hence the service provided, would certainly be improved. I intend to look into this possibility, and will report back at a later date.

We have been fortunate to find two excellent temporary replacements for the vacant posts. Jane Stebbing is acting Social Secretary and is busily organising the Snowflake Ball – more news of that in the next edition of the *Gazette*. Mick Martin has taken on the job of Bar Secretary. I'd like to wish them both the best of luck. They will hold the posts until elections early in October, and anyone who would like to stand, please make yourself known to me.

Union Shop

As some of you may know, Thompson's Sports Shop has now closed down and the Union Shop will be stocking Guy's scarves and ties in the future. The Blues ties will be available from the Accounts Office. Guy's diaries are now available in a delicate shade of purple. They contain relevant Guy's information as well as news about other Colleges, the University of London itself and the usual tube maps, bank holidays, etc. The diaries run from July 1983-February 1985, price £1.80 in the shop.

Freshers' Week

October is not far away, and that means Freshers' Week! This will contain the usual ingredients of a Barn Dance, Inflamm, Barbeque and Hops, with numerous intro, talks and drinking bouts. I hope everyone will join in with customary vigour and make it a memorable week for everyone concerned – an injection of new blood is always a tonic!

Simon Ward

Henry Taylor: Doctor to Basuto, Boer and Briton, 1877-1906

by D. K. C. Cooper

In October 1862, Henry Shinglewood Taylor entered Guy's Hospital as a medical student. Five years later, having qualified with some distinctions, and having put in a further year's study to obtain a degree at Aberdeen University, he was appointed house surgeon at Guy's. Then came a spell as assistant medical officer at the Victoria Park Hospital for diseases of the chest, two eventful voyages as a ship's surgeon, and three exhausting years of private practice in a London suburb.

Although he made a notable success of his private practice, building up its income in three years from virtually nothing to the then not inconsiderable sum of £800 a year, the never-ending work threatened to undermine his health, and he decided to move once again. He wrote to the Secretary for Native Affairs in the Cape Colony requesting a post in his department, and by return mail received news of his appointment as medical officer in Basutoland, (now Lesotho).

There followed over 30 years of adventure and sometimes extreme peril, before he retired to Jersey in the early 1920's, where he spent a peaceful old age. During this time he wrote his memoirs. These included his days as a medical student, his journey to meet and talk with Garibaldi, his private excursion to the Franco-Prussian war, and his voyages as a ship's surgeon, as well as his experiences in private practice. His memoirs of the 30 years he spent in southern Africa have been edited into an entertaining and readable book, which makes a valuable contribution to the social history of the region.

In the summer of 1877, Henry Taylor left England by ship for Cape Town. A fellow passenger was a young man named Cecil Rhodes, whom Taylor had known at school in Bishop's Stortford. Rhodes had spent some time at Oxford to take his degree and was now returning to his work in the Kimberley diamond fields, on his way to fame and fortune.

Basutoland, 1877-1883

From Cape Town, Taylor took the steamer to Durban, from where he travelled by post cart for many fatiguing days over rough country before arriving at Thlotsi Heights, situated in the Leribe district of Basutoland, where he was to be the doctor. Thlotsi was some 6,000 feet above sea level, surrounded on all sides by mountains, and was on the extreme border of Basutoland, separated from the Orange Free State only by the breadth of a river.

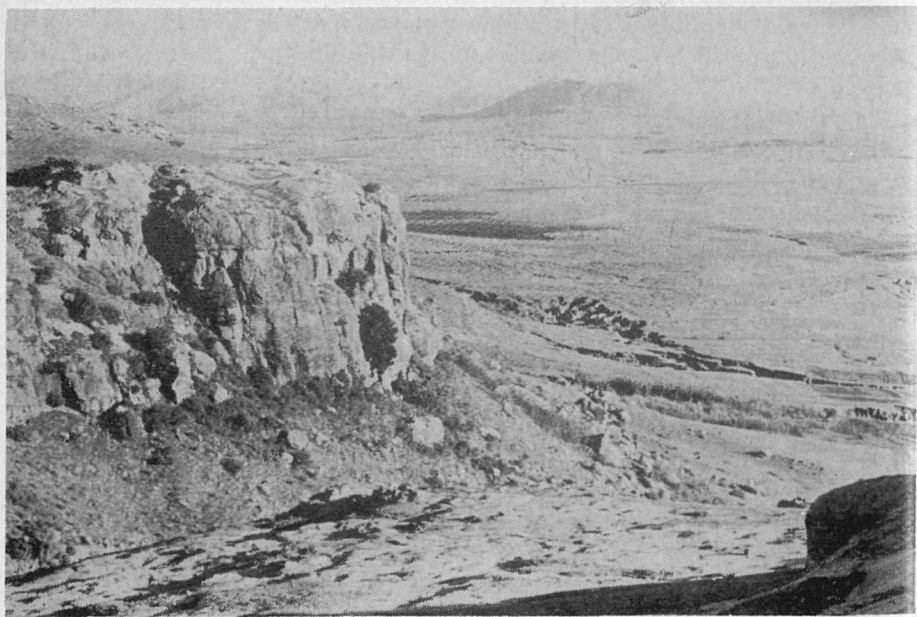
Thlotsi Heights

The only other European residents at Thlotsi were the magistrate and his clerk, a missionary, and a trader who kept a small store. The nearest telegraph office, bank and railway station were some 200 miles distant.

Taylor's first task was to arrange for a small cottage to be built for his own occupation. This proved a major problem, as even fundamental tools were not available and had to be specially made. Though there was local stone which could be cut, there was no means of transporting the stone to the site of the building; a sleigh was fabricated from wood and rope, but the wood had to be cut and the rope plaited from the grass. Eventually, however, the cottage was completed.

Dr. Taylor spent an hour or two every evening with the official interpreter and gradually mastered the language, Sesotho, which he found not an easy one for an adult European to acquire. His early lack of fluency in the language sometimes led to problems. On one occasion he thought a native policeman was asking for an aperient, and prescribed a mixture of calomel and jalap which the policeman obediently swallowed. Later the policeman returned with an interpreter, who was commanded to thank the doctor for the good medicine, but add that the policeman's grandmother was ill and he had really only come to request leave of absence to visit her!

Life at Thlotsi was initially idyllic:— *"A beautiful climate, where the air was fresh and exhilarating, a land where the mountains made a picturesque background to the scenery, well watered by numerous streams; the constant bright sunlight that day after day poured down on us; the absence of worry; the pleasant rides about the district and the social intercourse of a few valued friends in the evenings, when the day's duty was over; the picnics and the fishing and bathing expeditions – all these made life very enjoyable . . . All things taken into consideration, the country, and life in it, were as nearly ideal as one can get"*.



Typical country in Basutoland (now Lesotho).

Patients and Payments

As the Government medical officer, Dr. Taylor's official duties were to attend the native police and any prisoners who might require medical aid, and to assist the Government with expert advice in such medico-legal cases as might arise. His official annual salary was £325, but he was allowed to devote the rest of his time to private practice, not only amongst the natives, but also amongst the Boer (Dutch origin) farmers who lived in the nearby Orange Free State. As there were only two medical officers to serve 200,000 people in Basutoland, his practice rapidly thrived.

The native population had little faith in medicines that "stayed inside" and nearly all demanded strong purgatives; enormous doses were the order of the day. They also had an immense respect for the stethoscope, which they regarded as having mysterious curative powers, and always insisted on its use, whatever the complaint. If the patient had a swollen knee, a sore toe, or a broken leg, it was all the same – he would never be satisfied until the stethoscope had been applied to the spot.

The Free State farmers also kept him busy. He visited their homes on horse, though later used a horse and trap, a single visit often entailing 15 to 70 miles through wild country. His fees at this time ranged from £1.10s. to £2.2s. for every hour occupied in travelling to and returning from the patient's house, with double fees for any time after dark. In addition he charged £1 a bottle for all medicines, doing his own dispensing. Operations were highly paid for and he once charged a well-to-do farmer £200 for removing a bladder stone, surely an immense sum in the 1870's. In his memoirs Dr. Taylor points out, however, that *"these fees may seem somewhat high, but they were only on a par with charges which one had to pay in other walks of life"* at that time, and cites as an example £5 he had to pay a carpenter for a day's work!

Chief Molapo

Shortly after his arrival at Thlotsi he was told that it would be etiquette to go and call on Molapo, the head chief of the district, a son of Moshesh the Basuto king. Molapo had 70 wives and 120 children. The two men became great friends, Molapo presenting Dr. Taylor with a magnificent horse which he used for many years.

On one occasion Molapo asked him to sort out the numerous bottles of medicines he kept on his verandah. The contents of one big black bottle defied identification and so the chief asked one of his courtiers, Moraki, to come and taste it, despite Dr. Taylor's protestations that it might be harmful or even prove fatal.

"Is it nice, Moraki?" asked the Chief.

"My Chief", answered the diplomatic Moraki, with nausea depicted on every line of his face, *"it is indeed delicious medicine, and tastes like honey in the mouth."*

"Now go away, Moraki", said Molapo, *"and come back after a while and tell me what the medicine has done to you."* From certain sounds which I soon heard in the distance, I had very little doubt as to at least *one* thing it had done to Moraki."



Dr. Henry Taylor as a young man in London, before leaving for Basutoland.

The Moorosi Confrontation

Henry Taylor had many brushes with death during his time in Basutoland, and proved himself to be a man of courage; herewith an early example. The son of a chief, Moorosi, had committed an offence for which he was put into prison, but the chief sent his men to break open the prison and release the young man. The Government demanded that the chief should surrender his son to the magistrate to be returned to jail to complete his sentence. At first the chief flatly refused, and although he eventually complied, he brought with him 800 fully armed horsemen! By comparison, the magistrate was supported by only a handful of loyal natives – and Dr. Taylor. The Government officials faced the chief and his men. *“I had my carbine on my knee, and slipped in a cartridge, fully resolved that if old Moorosi got up from the box (on which he was sitting) and retired (which was the sign to his men to fire) I would shoot him through the head, happen what might thereafter”*.

The chief, a cynical smile on his face, announced that he had brought his son back to the Government. A dead silence prevailed, broken only by a clicking sound, as the men just behind Moorosi brought their rifles to the ready. *“The tension was tremendous, and unbearable for long; one felt that the slenderest thread held things together, and that the smallest incident, the accidental discharge of a gun, the falling of anything on the ground, would break it, and there would be a rush and a massacre”*. The situation was saved, however, by the diplomatic and, in the circumstances, sensible behaviour of the local magistrate, who said that out of consideration for the chief he would not send the son to prison but would fine him instead. The chief and his son, together with their 800 men, departed happy.

Such incidents, however, were minor compared with the adventures that befell Henry Taylor subsequently!

Lady Windermere's Fan

Reported by Timothy Houlding

Whilst lacking any shred of thespian talent myself, I am invariably delighted when Guy's stages yet another theatrical production. It is all the more remarkable that *“Lady Windermere's Fan”* should not only follow so closely on the heels of that eminently successful musical *“The Boy Friend”*, but that the inspiration, and perspiration, for that production should come from an entirely different group of students.

Wilde's play focuses on the attractive young Lady Windermere (Katy Powell), who, recently married to the dour Lord Windermere (Chris O'Brien), is subjected to considerable mental anguish on hearing, from the inane and deliciously scandalous Duchess of Berwick (Jennifer Evans), that her husband is lavishing both time and money on a mysterious woman, Mrs. Margaret

Erlynn (Marcia Hall). The dashing young Lord Darlington (John Latimer) conducts a passionate, *allegro vivace* overture towards Lady Windermere, motivated more by his own infatuation for her than his disgust at her husband's apparent "affair". Let it be said here that the four central figures of Lord and Lady Windermere, Lord Darlington and Mrs. Erlynn were marvellously carried off by the actors: Kathy Powell, as Lady Windermere, projecting an innocent charm ideally suited to her role; Chris O'Brien, as Lord Windermere coming over with great dignity and integrity, which, despite the early plot, prove to be genuine; John Latimer, as Lord Darlington, portraying splendidly the *persona* of a rakish *beau*; Marcia Hall, as Mrs. Erlynn, capturing a difficult mixture of confused emotions, selfishness and ambition with an extremely convincing performance.

Reverting to the plot, we are drawn in Act II to a ball, hosted by the Windermere's which is attended by a wonderful selection of the nobility, including the cryptic Mrs. Erlynn, who is invited by Lord Windermere despite his wife's protestations. The essential plot remains static, allowing the introduction of elements of aristocratic inanity, eccentricity and romance. Jennifer Evans, as the Duchess of Berwick, portrayed a marvellous caricature of the wickedly scurrilous *grande dame* determined to foist her daughter, Lady Agatha of Carlisle (Gillian Lamacraft), on to young Australian millionaire, Mr. Hopper (Chris Taylor). Meanwhile, Mrs. Erlynn angles for the hand of Lord Augustus Lovton, whose rather gullible, but lovable, nature was well projected by Charles Millson. The other named guests include Mr. Dumby (Simon Clift), Lady Plymdale (Clare Howard), Lady Jedburg (Julie Henshelwood), Mr. Cecil Graham (Tom Hotton) plus Helen Fidler, Janet Houghton, Astrid Mulner, Priscilla Plummer, Naomi Salter, Rupert Beck, Richard Blakey, Mike Marsh, Julian Robinson and John Tung.



Line up for "The Fan".

In Act III, we are removed to the bachelor chambers of Lord Darlington, to which the noble gentlemen of the piece have repaired after the ball is over. Unbeknown to them, Lady Windermere, distraught by her husband's apparent unfaithfulness, has decided to accede to Lord Darlington's poetic pleas for her hand and has preceded the gentlemen to Darlington's rooms. Her ruminatory soliloquy is broken by the entrance of Mrs. Erlynne, who beseeches her to return to her husband, explaining that her own relationship with Lord Windermere is not what it seems. This uneasy duet is itself broken by the arrival of the returning gentlemen, the ladies dashing into temporary hiding. What follows proved a splendid opportunity for Simon Clift as Mr. Dumby to explore every conceivable avenue of eccentric mannerism, aided and abetted by Charles Millson as Lord Augustus and Tom Hotton as Mr. Cecil Graham. After much hilarity and philosophising on the nature of romance, Lord Windermere prepares to leave but is aghast to find his wife's black fan, a present from himself, lying on the *chaise-longue*. Turning on Lord Darlington, he challenges him with his find, which proves a suitable diversion during which Lady Windermere scurries unnoticed from the room. Darlington's stuttering explanations are interrupted by the reappearance of Mrs. Erlynne, who exonerates Darlington by claiming that she had mistakenly picked up Lady Windermere's fan when leaving the ball.



Scandalous broadcast – the Duchess of Berwick played by Jennifer Evans.



Lord Augustus Lorton (Charles Millson) is beguiled by the cryptic Mrs. Erlynne (Marcia Hall).

The final Act provides an opportunity for tying the loose-ends. Mrs. Erlynne is revealed as being the estranged mother of Lady Windermere, ostracized from Society for some past misdeed. Lord and Lady Windermere are reunited in happiness, and Lord Augustus procures the hand of Mrs. Erlynne.

Altogether, this was a colourful and very well dramatised production of Wilde's timeless play. In addition to the actors mentioned, Paul Cousins as Parker, the butler, is to be congratulated on a most animated, and Welsh, rendering of his rôle, with Helen Martindale playing the part of Rosalie, the maid.

Of the "back-room" staff, Mrs. A. Hall and her co-workers are to be warmly congratulated on the splendid costumes; Sarah Freedman for her set design and artwork; Janet Craze for her management of the props; Simon Haskell for arranging the lighting, with stage management by Jeff Little.

Last, but by no means least, are Marcia Hall who both directed the performance and took the part of Mrs. Erlynne, and John Latimer (Lord Darlington), who produced the play "at the last moment" – to use his own words.

Dental Notes

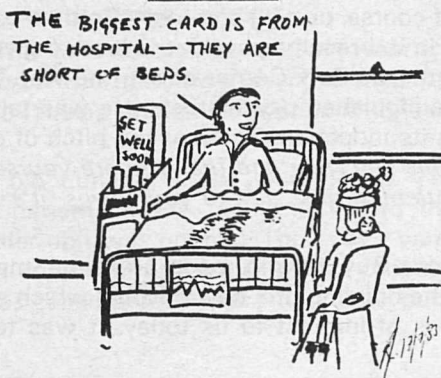
by A. D. Robinson

At the time of writing, namely early August, temperatures have dropped considerably as compared with most of July. At an early stage we were warned of a possible breakdown of the cooling plant in the "Tower". In a building with so much glass and no opening windows, we are at the mercy of the air conditioning system.

I am glad to report that we did not seem to have a major breakdown. There have been a few complaints but most of us were reasonably comfortable in spite of the exceptional heatwave.

A number of people made favourable comments about the Dental Dinner which was held in the Dining Room of Boland House on Friday, 27th May 1983. I thought the speeches were especially good. In former times, I remember hearing some very witty and pertinent speeches but I do not remember a set of five all at such a high standard. (Will anyone remind me that we used to have seven?) It was very encouraging to those responsible for reconstituting the Dinner as a function separate from the Ball, especially as the Ball also reached new records of attendance in 1982 and 1983. We still have a problem – there is a very strong lobby to continue holding the dinner on the Guy's campus, a notion which has my wholehearted support. Unfortunately, this would restrict the numbers. Boland House has the largest capacity of any suitable dining room in this hospital. There were 130 places this year – which was very comfortable. This could be increased to about 170. More than that would be distinctly uncomfortable. The question is, how many people will come now that it is again to be held on Clinical Day – do we restrict the numbers and run the risk of disappointing a good many supporters or do we move out to a larger banqueting suite and lose the intimacy of our own very handsome dining room – not to mention the relatively cheap beer!

Professor M. N. Naylor is the new President of the Dental Society. Miss Sue Young is the new Honorary Secretary. They and their Committee will doubtless make decisions for the future.



Psychiatry at Guy's

From a Talk Given in the Department of Psychiatry at Guy's
on March 30th 1983

by Dr. J. J. Fleminger

- Tues. 3rd Well, almost very, in the morning. Poorly with nausea in the evening.
4th A good deal of flatulence.
13th Two bad fits of much continued flatulence.
15th Languid.
17th Much trembling and fright.
29th Poorly, very, with much nausea and slight sinking.

Those were entries in a diary that is well known to some of you. It was written in 1849; the writer dosed himself regularly with drops and tinctures; ten years later he published *The Origin of Species*. What is its relevance to this talk?

Twenty-eight years ago, when I was appointed here, everyone on the staff gave a Clinical Lecture at least once a year. This was a valuable tradition that exposed consultants to the critical attention of anyone in the Hospital or Medical School who wished to come . . . but it was also something of a chore and I suspect that many shared my relief when it was abandoned some years later. Before coming to Guy's I had been taught, especially by David Davies, who was then Dean at the Maudsley, that much valuable literature on Hypochondriasis had derived from this hospital. It was, therefore, this topic that I chose for my first clinical lecture and I concluded it with extracts from that diary of Charles Darwin. Its relevance, therefore, is largely personal; I thought that I would like to start my last talk here as I had ended my first.

History is a filtrate: events filtered through the preferences, prejudices, memories and other selective devices of innumerable minds. We study the history of our institutions for several reasons but one benefit of doing so is that a knowledge of our past helps to set our present problems in perspective. (Sometimes, of course, putting something into so-called perspective can dash one's interest in it. I recall a psychiatric lecture given to students at St. George's Hospital at Hyde Park Corner during the war. The lecturer became one of our most distinguished psychiatrists. He was talking about hypnosis and was describing its induction. Then, at the pitch of our interest, he said: "As you are doing this you may find that you are yourself becoming a little drowsy – if so, gentlemen, just say to yourselves 'it's all balls . . . it's all balls'".)

In 1724, Thomas Guy, having made a fortune, made a will. In this he provided funds for the building of a new hospital which should have one particular feature that is of interest to us today. It was to receive incurables,

including the incurably insane. Guy's therefore was the first hospital of a general kind to cater for psychiatric patients. T. A. Munro has suggested that the emphasis on incurability may have stifled clinical interest and it is true that the next 125 years were, for Psychiatry at Guy's, the Dark Ages... of indifference, mechanical restraint and lack of medical involvement.

When John Keats qualified as an Apothecary at Guy's in 1816, the great reforming movement for the care of the insane had already begun to gather force. But in Guy's it seems that the claims of Pinel and Tuke went unheeded. In 1840 a government inspector described the Lunatic House at Guy's. At that time it was probably situated where Shepherd's House now stands. There were single rooms for 24 patients. There was a pleasant day room opening on to a garden. The patients were taken for trips up the river. To the brief visitor the prospect was pleasing. However, one quarter of the patients were mechanically restrained. One woman was chained to a ring in the floor of the house during every day for 30 years. One could give other examples.

That was the black side. But there was also much care. For example, a clergyman was tube-fed hourly for five years before, although "incurable", he recovered.

Then, in 1843, there was an important development. The Commissioners in Lunacy decided that the care of the insane at Guy's must be improved. As a result, that great physician William Gull took charge of the Lunatic House. Gull was a remarkable man. He bore a strong physical resemblance to Napoleon and shared many of his characteristics. One of the giants of Guy's, more popular with his patients than with his peers, he got things done. By 1851 all mechanical restraint had been abolished. Shortly after this, as you know, Gull described the condition that he called Apepsia Hysterica, changing the name later to Lasègue's term Anorexia Nervosa. He wrote of this illness as a "*perversion of the ego*".

Richard Hunter, one of our great psychiatric historians, who, incidentally, occupied my room in the York Clinic before my arrival, believed that Gull, when he was a student at Guy's, probably came under the influence of Thomas Hodgkin who was then working here. It may have been Hodgkin who prompted Gull to attend the ward rounds and teaching of John Conolly, the former Professor of Medicine, who was then Superintendent of the Middlesex County Lunatic Asylum at Hanwell (now St. Bernard's Hospital), where he had introduced methods of non-restraint.

Gull was to write "*it is lamentable to think what ignorance yet prevails in and out of our profession on the subject of insanity*". He was the first physician at Guy's to take an interest in Hyponchondriasis on which he wrote a treatise.

In 1859, the old Lunatic House was closed. The small number of remaining chronic patients were "decanted" into various neighbouring asylums and a smaller unit was opened. This was a ward for females. There were nine beds and "one cell for frenzy". It was probably on the site of our Wills Library and was called Billet Ward after a local pub called *The Crooked*

Billet. Some years later this, too, was closed and was then replaced by an obscure arrangement called "The Strong Room". It was first in the basement and then in the attic of the Park end of the Colonnade. There were no nurses or physicians involved and I have been unable to discover much about the patients or their custodians. It seems, however, to have been a place to which disturbed patients were banished.

The 1860's were a remarkable decade: the peak of 19th century optimism and drive; a ferment of social and scientific development. 1866 was, for our story *annus mirabilis*.

In that year Samuel Wilkes was appointed to the Staff. He was the last of the great Guy's physicians to teach and write about psychiatric topics. A paper by him entitled "*The Study of the Human Mind from the Physiological Point of View*" sums up his approach. Papers on "*Sleep-walking and Hypnotism*", "*Notes on the History of my Parrot with reference to the Nature of Language*" and "*Ambidexterity*" indicate the range of his neuropsychiatric interests. Wilkes was a visitor to Bethlem Hospital which was where the Imperial War Museum now stands. Here he studied psychiatric patients, often on Sunday morning ward rounds.

In 1866, too, London University decided that there should be compulsory teaching about mental disease to medical students. In the same year a brilliant young man qualified at Guy's: John Thompson Dickson. He was our first psychiatrist. He gave the first lectures here on mental diseases in 1869 and was appointed Lecturer in 1871. Most of you know him as the name of one of our wards in the York Clinic. You can find nearly all that is known about him in my biographical sketch in the *Guy's Hospital Gazette* of May 28th, 1966. But let me remind you of a few notable things about this extraordinary man whose brief clinical life glows like a comet above our past. As soon as he qualified he became Medical Officer at the City of London Lunatic Asylum, which is now Stone House Hospital, at Dartford. Later he was Superintendent at St. Luke's Hospital for Lunacy, in the City. He had the Victorian virtues of enthusiasm, energy and earnestness. The title of his textbook *Medicine in Relation to Mind* dismissed the mad-doctors and heralded the mind-doctors. He believed, unlike some of his successors, that the brain was the seat of the mind. He had much interest in epilepsy. He scoffed at the prevailing idea that hysteria was the product of weakness of the will and at the concept of puerperal insanity as a distinct clinical entity. He was ahead of his time. His course of instruction at Guy's consisted of 12 lectures at the Hospital illustrated by pathological specimens and photographs and 12 clinical demonstrations which he gave at Peckham House Asylum, which is now the site of a large comprehensive school.

Like many prodigies he made enemies. Some regarded him as an upstart crow. This view was especially provoked by an article he wrote in the B.M.J. It was called "*A Social Blot*". In it he wrote abrasively about the low standard of care provided in many asylums. Although it was written anonymously, Dickson was well known to be its author. He wrote his book and 17 papers in only seven years. He had dyspnoea throughout his career at Guy's and died suddenly, of rheumatic heart disease, in 1874.

The next decade: the giants, Pavlov, Kraepelin and Freud, were all growing up in different parts of Europe.

In 1874, a former Guy's student took over the lectures: George Henry Savage. He was a large man and a mountaineer – one of the first to climb the Matterhorn. He recalled his student days in his diary. The night watchman at Guy's calling the hours and the woman in charge of a ward here who said "*We don't have no nerves here!*" and pointed to the ward fire engine and hose: the hose for hysterics!

It seems to me, and I think that his photograph on George Savage Ward illustrates my view, that he represents the subtle change from 19th century excitement to forward-looking complacency. Savage was a convivial and popular man, a prolific writer whose book "*Insanity and Allied Neuroses*" epitomises the confident anecdotalism of that time. He wrote "*so long a mind is supposed to be located in the skull, we shall make little progress*". I doubt if he thought highly of John Dickson's opinions.

His Harveian Oration to the Royal College of Physicians was on "Experimental Psychology and Hypnotism", and at Guy's he ran a class for postgraduates on mental physiology and experimental psychology. One of his most famous collaborators on this course was the psychologist, anthropologist and psychiatrist W. H. R. Rivers. When Rivers gave up in 1898 to join a psychoanthropological expedition to the Torres Straits, he was succeeded by Theophilus Hyslop, psychiatrist, musician, athlete and wit. Hyslop wrote a little book called "*Mental Handicaps in Golf*". He and Savage were both psychiatrists to Virginia Woolf and receive (with Sir Maurice Craig), full biographical and very critical attention in Stephen Trombley's recent book on Virginia Woolf and her doctors: "*All that Summer She Was Mad*".

In 1903, Savage retired from Guy's and was knighted. By now Pavlov had demonstrated the conditioned reflex, Kraepelin had delineated *dementia praecox* and manic-depressive psychosis and Freud had published "*Interpretation of Dreams*". Savage was succeeded by Maurice Craig, whose father had run an asylum in Bedford. He was a Gaskell Gold Medallist and a glamorous figure who did much to promote psychiatry in the public eye. His name was greatly cherished by the National Association for Mental Health, who named their headquarters Maurice Craig House. It was rumoured that among activities that may have contributed to his knighthood was advice to the Home Office on the tube-feeding of suffragettes.

Craig was interested in fatigue and exhaustion and, later, in shell-shock. Also, he was sceptical about the revelations of Freud. It is ironic, therefore, that he was responsible for persuading Sir Ernest Cassel to found a hospital for the treatment of nervous diseases which, originally at Penshurst in Kent and, subsequently at Ham Common, became wholly identified with psychoanalysis. He was also sceptical, at least in the 1903 edition of his textbook "*Psychological Medicine*", about the syphilitic cause of G.P.I. This and pulmonary T.B. were the scourges of that time. But in 1906 we had the Wasserman Reaction and in 1913 Noguchi isolated the treponema and four years later Wagner-Jauregg introduced the first modern physical method of

treatment in psychiatry: Malaria. The last time I placed an *Anopheles* mosquito on the skin of a patient for this purpose was, I think, in 1947!

By the time Craig retired in 1926, Bleuler had coined schizophrenia, the significance of unconscious mental processes had been forced upon the consciousness of western society, early editions of Jaspers and Jung had come out and two little gems of psychiatric exposition had appeared: Ross produced *"The Common Neuroses"* and Bernard Hart, the *"Psychology of Insanity"*.

Now we approach a golden age. When Craig left, he was followed by a young man who has been described as tall, diffident, sensitive and heroically hard-working. He was also a man who attracted great devotion and who transformed the psychiatric scene at Guy's. You can see his bust on a plinth on the ground floor of the York Clinic: Robert Dick Gillespie. He reached Guy's *via* Edinburgh and the Cassel Hospital. With Sir David Henderson he had written the standard textbook for his generation.

What did Gillespie do? First: the expansion of clinical teaching. He introduced a three month elective appointment for students. Secondly; child psychiatry. In 1930, at Guy's, he set up the first child guidance clinic in a teaching hospital. He acquired a registrar and access to five beds. Among the many topics about which this great psychiatric general practitioner wrote were Sleep, the Disturbed Child, Hypochondriasis, Psychosomatic Disorder and Psychiatry in General Practice. During his sojourn at Guy's the major physical treatments of the 20th century were introduced.

Then came the Second World War...and a windfall. Personal gratitude had prompted an anonymous donor to offer a very large sum of money to Gillespie for the setting up of a psychiatric unit. Gillespie in turn offered this to Guy's and the result was the York Clinic. This was a landmark in the development of psychiatry in this country. It is difficult now to appreciate what a breakthrough this was. Gillespie's vision, derived from Henderson's, was of a unit where citizens of modest means (this was before the National Health Service), could obtain psychiatric treatment with all the facilities of a great general hospital, but without any of the difficulties, embarrassments and stigma that could attach to admission for psychiatric care at that time.

Let us read a trumpet call from the past that is well within the recollected time of many of us. In 1941 when the war had already scarred and bereaved this country and Londoners had learnt the horrors and devastations of enemy bombing, a pamphlet announcing the advent of the York Clinic stated: *"War or no war, it is alluring and inspiring to contemplate the new Clinic as the centre of a network of research and treatment"*. In 1943 the Government wanted the Clinic to open as soon as possible to receive patients with combat fatigue. On April 3rd, 1944, the York Clinic opened and an era ended; another began. The old "Strong Room" was abolished. In the following year Robert Gillespie died.

Thomas Arthur Monro became the second Director of the York Clinic, late in 1946. He was to stay here for only eight years before he went back to Edinburgh to follow Sir David Henderson, as Superintendent of the Royal

Edinburgh Hospital for Nervous and Mental Disorders. Before the war he had worked with Lionel Penrose on genetic aspects of Psychiatry; but research was not his forte. He was essentially a devoted clinician steeped, as were so many distinguished psychiatrists of his generation, in Adolf Meyer's psychobiology. All who have written about him describe "TAM" as a quiet, gracious and cultivated man. In his short time with us, he was responsible for major developments – especially in clinical teaching. He established the psychiatric outpatient department that now bears his name and inaugurated a compulsory psychiatric appointment for undergraduate students, which in those days was for three months and was shared, first with gynaecology and later with E.N.T. He also acquired, in 1951, a consultant colleague, a second Physician in Psychological Medicine, Dr. David Stafford-Clark. From then onward the story can only be concerned with those who are still making our history and, indeed, engaged in writing it!

Let us take a look at how things were here when I arrived in 1955. The fourth floor of the York Clinic (John Dickson Ward) was locked, likewise the lift. We soon abandoned the bunch of keys. On that floor, too, there was a "continuous bath", a facility for the treatment of disturbed patients with which I had become very familiar in the "Villa" at the Maudsley Hospital. We soon got rid of that too. Insulin coma for schizophrenia had only recently been discredited (former Guy's men, Drs. Brian Ackner and Arthur Oldham, were two of the three joint authors); chlorpromazine had begun to transform psychiatric practice; prolonged narcosis and modified insulin were standard treatments requiring a high level of nursing involvement and technical expertise. Patients improved and recovered, much, so it seems, as nowadays.

Psychiatry here was then based wholly on the York Clinic. This provided a compact unit on a "domestic" scale where a relatively small staff knew each other well. The two resident house physicians lived together in a "flat" on the ground floor, until the advent of women SHOs put an end to this convenient arrangement. The Sister in charge of the York Clinic entertained us to tea with sandwiches and cakes every afternoon at half-past three. The York Clinic had its own kitchen and chef; it was easy to park your car. It was all not merely comfortable – it was charming. Since then, much has changed: some for the better, some for the worse. What lessons can we learn from this story?

First, let me borrow from my former teacher Professor Sir Aubrey Lewis. His lectures on the history of psychiatry were arid but eloquent. He preached eternal vigilance – to uphold the dignity of our patients and to protect them from abuse. Only a few years after the abolition of mechanical restraint in the Lunatic House we had the Strong Room and the hose for hysterics. Nowadays, backlash reactions to violence or mere indolence or complacency could allow past abuses to return. We must maintain our vigilance in defence of civilised care.

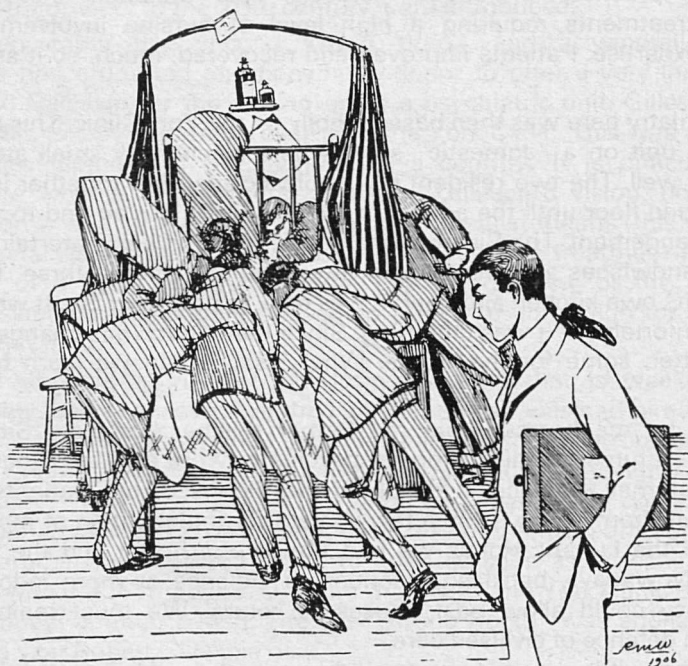
Secondly, it is wise to keep reminding ourselves of how unpredictable it all has been. Who would have guessed in 1825, when the combined Medical Schools of Guy's and St. Thomas's were split that now over a century and a

half later we would be united again? Who could foresee, when we spent so much time and money setting up a separate outpatient E.C.T. Clinic in 1957, that within two or three years the arrival of imipramine, the first tricyclic antidepressant, would so rapidly diminish referral of patients that the clinic would be abandoned and turned into our present out-patient waiting room? And St. Olave's Hospital! Who would have guessed that out of the traumatic closure of that hospital has emerged a new unit on the Guy's site that has brought about radical changes in the life of our Department.

Finally, there is something else. Looking back over our history it does seem that, every so often, circumstance, chance and the climate of the time throw up an individual who illuminates or adds lustre to our subject or, perhaps, reflects it more vividly than others are able to do. Gull, Dickson, Gillespie and Stafford-Clark are examples. I like to assume that there will be others, and I like to anticipate that one, at least one of these, is among you here today.

Caption Competition

Entries are invited for a suitable caption to the cartoon reproduced below, which originally appeared in *The Guyoscope* of March, 1906.



The Music Club Summer Concert

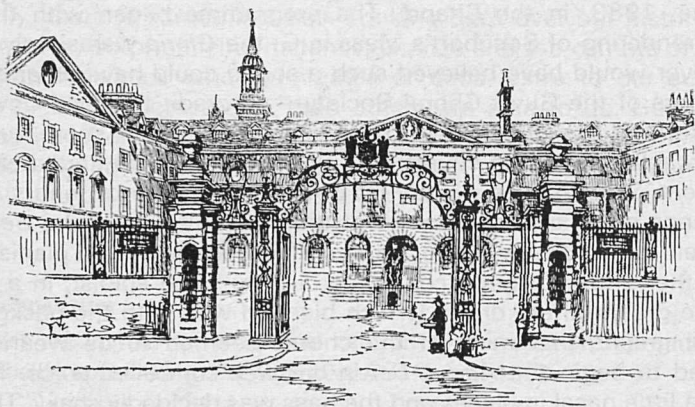
by Marcia Hall

The Guy's Hospital Music Club Summer Concert took place on Monday, 20th June, 1983, in the Chapel. The programme began with the choral society's rendering of Schubert's Mass in G: the *Gloria* was simply magnificent. I never would have believed such a sound could have emanated from 26 members of the Guy's Choral Society – all credit to David Cowan their choirmaster and conductor. The *Credo* could have begun more quietly, but the remarkable, rich round sound from the *Gloria* was continued effectively. An excellent *Sanctus* was slightly let down by a dearth of tenors, however the sopranos made a good attempt at their difficult part in the *Benedictus*, which finely contrasted with the *Sanctus*. The conductor and pianist worked well together and kept good control throughout. The soloist, in a beautiful rustly blue-green taffeta dress, (which blended well with the background of blues and greens that most of the chorus seemed to be wearing), then reappeared to begin the *Agnus Dei* in her well-controlled voice. The tenor sounded a little nasal in places and the bass was decidedly shaky. The *Agnus Dei* drew slowly to a striking finish, helped along by some delightful top A's from the soprano soloist. Meanwhile, the sun peered through the stained glass windows and bathed the Chapel in its golden hue.

The usual bearer of good tidings brought the good tidings – a glass of wine for the *friends* of the Guy's Music Club after the performance! After organisation of the chairs and stands and the lengthy arranging of a huge "cello-holding-contraption", the leader of the orchestra fairly scarpered on and into her seat, but still managed applause. The first movement of Elgar's *Serenade for Strings* was a little unsteady. During the *Larghetto* the violist had a little trouble with her chair, but overall a good, open sound was created. Perhaps the first violins could have played with a little more confidence at times however the dynamic control was good – and the movement ended quietly and effectively. The *Allegretto* movement was a little rushed, although the lilting melody seemed to resound well in the Chapel.

After a little more organisation and a lot of tuning-up, the Brandenburg concerto No. 4 in G Major began well: the *Allegro* kept a good pace and the flutes came through well. A little more volume contrast was needed in the *Andante* and the violin solo could have played with a shade more confidence. The *Presto* continued, effectively, almost without a break from the *Andante* and an excellent tempo was initiated and continued with considerable skill by the conductor – Andy Cope. Again, I thought the violin soloist could have done with more confidence, but the movement drew to a close with a pleasant parody involving all three soloists. All round a good performance and many thanks should be extended to the conductors Dave Cowan and Andy Cope and to all who helped in the organisation of the concert, master-minded by David Mok and Andy Malyon.

Guy's Notelets



Guy's Hospital, Main Entrance.

These high quality notelets, in sets of five, bear this period pen and ink design in black.

We are able to sell these for just 75p the set (p. & p. free).

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LONDON, SE1 9RT
Telephone: 01-407 7600 x 2023

The Bore Report

Continuing – after a prolonged absence – the progressively less coherent and more bigoted remarks of our resident alcoholic, Eugene Bore. As before, all intelligence is gratefully received. Any resemblance to persons living or dead is unintentional – and in many cases deplorable!

I hear news of number Four. Is he a prisoner of his own interests – or is such a position untenable?

Less than one month after my description of Kerb-diving, and belittling it for the *aficionado* of the *arabesque*, I hear that someone took it into a completely new dimension! Will the person responsible kindly take one step backwards. . . .

What exactly was going on at the base of the human pyramid at the Summer Festival? Who would be the more embarrassed? (Cheques to me, please, at the usual address.)

Talking of the Summer Festival, I hear that Wrist Action lost the Tug-of-War in the first round – despite their anchorman, who is generally held to be immovable (or, at best, immobile). As one would expect, the Rugby Club were eventual winners, as the event was in the afternoon, before their coordination deteriorated.

"I have never been so drunk that I've forgotten what happened." Who said that – and what was the all-too-predictable outcome? Graphic descriptions only please, in an attempt to jog Martin's memory.

Did I hear that someone was being given a toupée for a wedding present? Who could they have in mind?

Lovers of good conversation in bars must be glad that the newly installed juke-box in HQ is so often off the air. What a shame that this is due to it being overfull with coins. Couldn't some enterprising gent with a jemmy solve both these problems?

Word reaches me from Deal of the piscatorial adventures of seven men in a boat. After some derision at the expense of an earlier visitor's hue – when the poor chap's only concern was not to fall overboard and risk being harpooned – I hear that four other gentlemen were similarly afflicted the other weekend. I'm sure that this had nothing to do with their onshore activities the previous night.

"90% of women buy their underclothes from M & S" – or so a recent newspaper report would have us believe. Was it a young Irish blade I saw eliciting similar information from three nymphettes in the bar? (Though this time, I'm told, it was 100%).

Eugene Bore

WELL, WITH ANY
TREATMENT YOU GET
SIDE-EFFECTS!



SO DON'T COMPLAIN.
—IT CURED YOUR
COLD!



Who was Annie Zunz?

by Dr. E. M. Rosser

There are a number of wards in hospitals in London called Annie Zunz. She is believed to be the widow of a German merchant who was resident in London. The "Annie Zunz Bequest" made handsome donations to a number of hospitals and there are several wards bearing her name. The Trustees gave £10,000 to the Building and Equipment Fund in 1912 to Kings College Hospital, on the condition that a ward in the present Kings College Hospital in Denmark Hill was named Annie Zunz Ward, in 1913.

In the Westminster Hospital Archives it states that the Trustees of the Annie Zunz Bequest spent money on Queen Anne Ward, hitherto the darkest and gloomiest ward in the hospital. New and larger windows were made, the walls and fireplaces were tiled, and new washing-basins installed.

The Librarian of the Westminster Hospital, I understand from a letter I received from the British Medical Association librarian, was told that she was the wife of a Chicago meat-packer, who became a millionaire. While in this country she developed cancer and, in spite of the fact that she died, her husband (Siggie Zunz) was so impressed with her treatment that he endowed wards in various hospitals in her name.

Mr. Zunz was a very rich man. He called himself a merchant but gave no further details about his business. He left a number of generous legacies to relations and friends and also £25,000 to a London Hospital to be chosen by his executors. They selected St. Mary's Hospital, Paddington, on condition that an Annie Zunz Ward was maintained in memory of Mr. Zunz's late wife. This hospital received a life-size photograph of the late Mrs. Zunz, which had to be hung in the Annie Zunz Ward. Mr. Zunz also arranged in his last Will that any surplus money which was left after his legacies had been paid, should be paid to one or more London hospitals for the construction and maintenance of an Annie Zunz Ward. Between 1900 and 1937 St. Bartholomew's Hospital received £18,950, in 1937 payment was made of £20,000 3½ per cent War Stock and in 1945, the final allocation followed of £6,561 8s 10d 3½ per cent War Stock. Under the provisions of the National Health Service Act these funds are now vested in the Minister of Health. All this money was given on condition that St. Bartholomew's Hospital would maintain in perpetuity an Annie Zunz Ward.

In a book on the history of Westminster Hospital, in the British Medical Association library, there is a brief mention that in 1907 the trustees of S. R. Zunz endowed a ward in memory of Annie Zunz, the name replacing that of Queen Anne.

There are Annie Zunz Wards in Fulham Hospital, St. Bartholomew's Hospital, St. Mary's Hospital, Paddington and the Royal Sussex Hospital, Brighton.

References:

Westminster Hospital Gazette

British Medical Association Library

Kings College Hospital Archives

The Royal Hospital of Saint Bartholomew

Paper read to the Osler Club of London, Thursday, 16th June 1983 (with addition.)

Gobbledegook

by Our Special Correspondent

What did you get in the post last week? Perhaps you received an enchanting postcard from an enviable friend still on holiday; or maybe the latest B.M.J., doomed forever to collect dust in its white paper envelope. I expect you also got at least one form, leaflet or letter from a company or bureaucrat. Fortunately, a lot of these are obvious rubbish and can be transferred directly into the waste paper basket. But, alas, letters from solicitors and bank managers have to be answered; and forms from your Insurance Company and Hospital Administrators have to be filled in. This miserable task would be made infinitely less miserable if the original document was:

- (a) Written in language that any simple, decent human being could understand; and
- (b) clearly set out, and in a type size that is legible without too much optic effort or a magnifying glass.

The sad truth is that many of these letters consist of illegible, incomprehensible, legalistic codswallop. And, it is not only letters which suffer so disgracefully! Just try to recollect a hire-purchase agreement or insurance proposal form that you may have glanced at; or a booklet "giving information to the public"? Do you remember the last "Instruction" leaflet for a do-it-yourself product that you struggled with in vain?

Our readers may be interested to know that "The National Consumer Council", and "The Plain English Campaign" are on our side! Having complained for years to the offending organisations, they have actually forced improvements of various documents: for example T.V. licence forms.

Now, they announce a competition: -

Send your most hideous example of gobbledegook to: Plain English Awards, 131 College Road, Manchester, M16 0AA by 30th September. The sender of the absolutely worst case will win £25!

An example of a previous prizewinning entry is a paragraph of a letter from an unmentionable Internal Drainage Board.

"Where notice of objection to a determination is served and not withdrawn and the Board do not cancel the determination they shall transmit the notice and a note of the determination to the Clerk to the local Valuation Panel for the time being constituted in pursuance of the General Rate Act 1967 for the area in which the land to which the determination relates is

situate. The transmission of such notice of objection to a determination of the Board shall constitute the lodging of an appeal against the determination by the person who served the notice on the Board to a local Valuation Court constituted in accordance with Section 79 of the Act."

The *Gazette* also invites your comments, your criticism and your gobbledegook.

Physiotherapy

The latest quirk of our examination system has left us with a busy end to August, at a time when we all ought to be basking on beaches and dallying in the surf. Those remiss enough not to have satisfied the Part I examiners earlier in the year will/should have spent most of these hot and stifling summer weeks striving to patch up the gaps in their anatomical and physiological understanding. The newly-styled supplementary exam is imminent, so timed as to allow its results to be published at or before the beginning of the next academic year and its entrants to go on to the second year or not, as the case may be.

One unfortunate concomitant effect is visited upon the examiners; not only must they be back in post by mid-August for the practicals, but they also face the prospect of spending the Bank Holiday weekend marking scripts. No better and no worse than a West Country traffic jam, perhaps, but it suggests that someone forgot to look at the calendar when prescribing the examination dates.

To compound the agony, the results of the Part II qualifying exam will be published the day following the first year re-takes and there is obviously going to be a lot of action involved in getting the successful registered and ready to start work and the unsuccessful mopped-up and ready to resume their studies in September. They, poor things, must abide with us until November, when their re-take exams will be held and must remain in limbo until publication of results in mid-December.

But – confusion on confusion – this is only for 1983. 1984 will be different again and not only will the Finals results be published at the end of July, but the re-takes will be in September/October. It is, at the moment, not at all clear whether or not the teaching/examining staff will be able to get away for a Summer holiday at all, which will hardly sweeten their mood or soften their attitude towards the candidates.

Rest assured . . . we hear of the doings of a working party at the Chartered Society which will undoubtedly Change All That. Well, perhaps there is some doubt, because the first egg laid was far from gratefully received, but eventually our *mutandis* will have been *mutatis* and a bright new system will emerge. Perhaps then a period of stability will be enjoyed, if either of those terms is allowable in the context of examinations, but for the moment unrest and agitation are the watchwords. August, as the lady wrote, is a wicked month.

Ronald Cooper

Book Reviews

"The Challenge of Pain", by R. Melzack and P. Wall. pp. 447. Price £4.95. Published by Penguin.

This is a fascinating book which could be read with profit by medical students and qualified practitioners alike. Physiotherapists and nurses would also find much of interest.

It is divided into four main parts. The first part, entitled "The Puzzle of Pain" is subdivided into four chapters, the first of which highlights the deficiency in the old fashioned view that the intensity of pain experienced is necessarily directly related to the intensity of injury. Subsequent chapters deal with psychological aspects, and with the different varieties of pain. The last chapter in this section discusses phantom limb pain, causalgia and the neuralgias. These are not classic textbook descriptions, but are used to illustrate and reinforce the points made in the first chapter. This part makes compulsive reading, and could be digested by professional and layman alike.

Part two also contains four chapters and is concerned with the physiological aspects. These chapters are more heavy going and one doubts whether the layman would get very far with these. However, anyone with some knowledge of physiology will find, here, an up to date and authoritative review

of all aspects of physiology and pathophysiology of pain.

The third part contains a discussion of the evolution of pain theories, followed by a detailed description and discussion of the gate-control theory of pain, which the authors originally proposed in 1965. They present an up-dated version of their theory, which, while it makes fascinating reading, is perhaps more of value to the research worker than to the generalist.

The last part contains several chapters dealing with the control of pain, covering pharmacological, neurosurgical and psychological approaches and the use of sensory stimulator techniques. The penultimate chapter deals with the development in the last decade of pain relief clinics and hospices and home care teams. The final chapter speculates about future developments.

As I have indicated, this is not a textbook on pain in the classic sense, but an attempt to address the challenge that our present lack of knowledge about pain mechanisms and painful syndromes presents us. In this it is very successful. It is available in paperback and at £4.95 represents excellent value for money.

J. H. CHAMBERLAIN
Consultant, Clinical Physiology

Correspondence

Guy's A-Float

Dear Sir,

On page 243 of the July 2nd, 1983 issue of the *Gazette*, you reproduced a photograph subtitled "a charity collection in 1920".

For the record, the occasion was a cavalcade through the "Borough" on the occasion of the Coronation of King George VI in 1937. Those taking part were W. E.

Greenwood, Foster, Cushing, Weston, Bulstrode, Hoary Wood and one other. The float driver's name was Tongue.

I enclose a copy of another photograph taken the same day.

Yours faithfully,

Dr. JOHN C. BULSTRODE,
Neuf Courtil,
Les Mourants,
St. Andrew's,
Guernsey, C.I.



Physics Department Closure

Dear Sir,

Before leaving Guy's after 18 years, I would like to make a few comments about the Physics Department affair, to put on record the feelings of one of the staff affected by the closure.

The 1981 decision to close the department was largely based on a forecast of a 15% cut over the next 3 years. Certainly faced with a £750,000 loss, I am sure that many people felt that it was not an agreeable decision but one that was necessary, particularly as it was suggested that there might have to be further job losses. To us, it seemed unbelievable that a decision which *dramatically affected the lives and careers* of staff should be made on the basis of pessimistic financial forecasting. Of course, these cuts did not materialise but the scare served its purpose. The reason for closure then shifted to the loss of 1st year teaching. Some members of the department were not involved in this teaching and it seemed strange that this could lead to their redundancy. I did not think that undergraduate teaching was a necessary prerequisite of employment. As far as I am aware University staff may be involved entirely in *postgraduate teaching or indeed research* without prejudice to their job security. The loss of 1st year teaching was replaced by a successful B.Sc. in Medical Physics with students from Queen Elizabeth College. This teaching was not recognised by the School even though it brought in some money. One would think that in the 1980's Medical/Dental Schools should be concerned not only with undergraduate medical or dental degrees but also courses which provide staff in the multi-disciplinary areas of medicine and dentistry. The Middlesex Medical School certainly held this view since they very happily took over the course.

At the time the closure of the department was debated it was not thought that this would mean the loss of jobs and, at the very least, it might mean redeployment. In hindsight this of course was naive as redeployment was not considered, even a transfer to Imperial College for one of us was not allowed. Other Universities faced with real cuts have not had to resort to compulsory redundancies because of sensible early retirement and redeployment schemes. The position at Guy's seemed particularly heartless since at the time four

physicists were told to leave, other physicists from the Royal Dental School were arriving.

The two years' notice which was said to be generous was the least one could expect in the light of the present difficulties in obtaining similar posts in other UK Universities. In the two years, no such posts were advertised and alternative careers in school teaching etc., were not sufficiently attractive for any of us to leave prematurely. My request to spend the last year on study leave to take a postgraduate teaching course was refused.

It has only been in the last few months that other jobs have been sought and we have had to make drastic changes in our lives and careers. I, for example, have found a position in Australia and migration will be traumatic not only for my family but also to our parents and close friends.

I enjoyed enormously the first 16 years at Guy's, the last two have taught me more. With regard to one's colleagues, the experience of the last two years suggests that they may be classed into people who do nothing because other people's problems are not theirs, colleagues who take advantage of the situation to increase their own standing and some, *thank goodness*, who will stand by you even though it might damage their own careers. I thank these few for their support. I also thank the *Gazette* for allowing an expression of our views even though it has been a controversial issue. I hope that by all our efforts such actions on staff at this or any other Medical School will not be entered into as readily again.

Yours sincerely,

D. L. NEWMAN,
Department of Physics,
Guy's Hospital.

Guy's Lions

Dear Sir,

The intention was to send you the South Wales newspaper herewith long ago, but it got mislaid and was only found a couple of days ago. However, Guy's rugby folk may like to know that the Lions side (England and Wales) that toured New Zealand in 1908 contained four players from Guy's Hospital — see page 15 of the paper herewith. The four players concerned were J. P. (Tuan) Jones, P. McEvedy, Guy R. Hind and H. Archer. It is doubtful whether any other hospital, or university side has ever had so many representatives in a Lions side. The 1924 Lions side which toured South Africa had three players from London medical schools, two from St. Barts (Gaisford and Halliday), and one from Kings College Hospital, namely R. Cove-Smith who captained the side. The Captain of the 1924 South African National side (the Springboks) was Pieter Albertyn, skipper of Guy's famous side of 1921-22. Cove-Smith and Albertyn were old rivals in hospital cup matches. Albertyn, probably the finest centre S. Africa has ever had, captained the 'Boks in the four test matches played of which three were won by S. Africa and one was drawn. I read somewhere long ago that the only centre in Britain in the early 1920's regarded as being the equal of Albertyn was the famous Scottish and Harlequin International, A. Gracie. I had the pleasure of meeting Guy Hind in 1936 in Stoke on Trent, where he was a much esteemed and successful G.P. He was just under 6 feet and a broad thick set powerfully built man; he played many times for England, as did Cove-Smith.

The skipper of the Guy's rugby side in the early 1930's was the Welsh International Windsor Lewis, who declined the invitation to tour New Zealand in the Lions side of 1931. However, that Lions side did have one player from a London medical school, namely T. Jones-Davies of St. Georges Hospital.

Yours sincerely,

R. DRUMMOND,
9 Leven Close,
Lakeside,
Cardiff.

1908 (ANGLO-WELSH)

Full backs: J. C. M. Dyke (Cardiff), E. J. Jackett (Falmouth and Leicester).

Threequarters: F. E. Chapman (Westoe and West Harlepool), R. A. Gibbs (Cardiff), J. L. Williams (Cardiff), R. B. Griffiths (Newport), J. P. "Ponty" Jones (Pontypool and London Welsh), J. P. "Tuan" Jones (Guy's Hospital), H. H. Vassall (Oxford University and Blackheath).

Half backs: J. Davey (Redruth), G. L. Williams (Liverpool), H. Lexon (Cambridge University), W. L. Morgan (Cardiff).

Forwards: T. W. Smith (Leicester), W. L. Oldham (Coventry), F. S. Jackson (Leicester), G. R. Hind (Guy's Hospital), J. F. Williams (London Welsh), R. Dibble (Bridgwater and Albion), P. J. Down (Bristol), R. K. Green (Neath), L. S. Thomas (Penarth), E. Morgan (Swansea), H. Archer (Guy's Hospital), G. V. Kyrke (Marlborough Nomads), A. F. Harding (Cardiff and London Welsh), J. A. S. Ritson (Northern).

Captain: A. F. Harding. Manager: G. H. Harnett.

Record in New Zealand: played 17, won 9, lost 7, drawn 1, points for 184, points against 153.

The Alcoholic Debate

Dear Sir,

Looking through a copy of the *Gazette*, picked up at a "day Centre", which I sometimes attend, I was interested in an article by Claire Wilkie, re. "Alcohol". Have been quite a heavy drinker in the past, at times, myself, in various parts of the world, while in the Mercantile Marine; these days, for long periods, I am a non drinker, then the occasional evening; what prompted me to write, however, was a really astounding statement in the article, page 246, [2/7/83] by a Professor Duncan Vere: "Professor Vere noted that, as the relative price of alcohol had fallen over the last 25 years". Perhaps this gentleman does not drink himself; if he does take the occasional tippie, I should be interested to know the name of the pub he used, as my experience has been that the stuff has been getting progressively dearer, right since 1932.

Then, a rather insipid brew, called "Mild", was a pre-decimal 4 pence, a pint. For some years on a bitter was 10 pence (two shillings) a pint. Now, at Bradleys, to name one place, just off Oxford Street, a pint of Stone's bitter is 80 pence, (16 shillings). Nowhere is there much change from a pound, for a single drink, in fact, there is a German beer, over a pound.

That is why, when the tourists go home and the warm weather fades, our pubs will be empty, when years ago, they were full, because the price is dearer than ever

before; from 10 pence, to an average of 70-80 pence, is enormous and I wonder, who the worthy professor was trying to kid. Certainly, not me.

Best Wishes

Yours Sincerely

R. WELCH,

Room 852, 220 Arlington Road,
Camden Town, N.W. 1

A Friend Indeed

Dear Sir,

I am writing to you in the hope that you will give some publicity to a most important aspect of the work of Guy's Hospital Nurses' League.

As a "Friend In Need" of the Nurses' League I hold a Register of recently retired Guy's Nurses who are willing to visit their colleagues who retired many years ago and are now very elderly.

I am aware that many of these elderly ladies are often very lonely and in some cases in difficult circumstances. If they would welcome a chat with an ex Guy's colleague or need some financial help, I shall be pleased to make the necessary arrangements on behalf of the Nurses' League. The Committee is ready and willing to help.

Mrs. LYDIA FRANKS,

A "Friend In Need",

Guy's Hospital Nurses' League,
Guy's Hospital.

La Bohème

Dear Sir,

I wonder whether you think that the enclosed story, coming from an old Emeritus member of the staff would entertain your musically minded readers.

On 7th June, 1914, when I was not yet 14 years old, I was taken to Covent Garden by my mother to a Gala performance of Puccini's *La Bohème*. All seats were doubled in price and we sat in the Gallery. She had a rare appreciation of music and did not want the opportunity to be missed.

The cast included Melba as Mimi. Enrico Caruso as Rodolfo, Scotti as Marcello, Aquistapaci as Collin, Malatesta as Shau-nard, Zucchi as Benoit. Rosina Buckman as Musetta.

The audience contained a brilliant gathering. King George Vth and Queen Mary were present. They shared their box with Queen Alexandra and the Empress Marie of Russia. In neighbouring boxes were King Manoel and Queen Augusta Victoria of Spain, Queen Amelia of Portugal, Princess Royal, accompanied by Princess Maud were also present.

Details of the gathering were reported in the *Daily Chronicle*, the *Daily Telegraph* and the *Daily Mail* on June 9th. It is doubtful whether such splendour will ever come again.

After the performance my mother and I rushed to the stage door to get a close look at the singers. Melba received a frenzied ovation. She looked young and fresh. The crowd were reluctant to let her go. Eventually she reached her vehicle and was driven away. Caruso did nothing to impede this long reception. When he appeared he looked spruce and appeared pleased with himself as he elbowed his way towards his car. He had long been a hero of mine. I had repeatedly played on the gramophone the only song he recorded in the English language - "*For you alone*". I pushed forward far enough to touch his coat.

In about 1945 I was chatting to a patient in my rooms in London. I happened to mention that I heard Melba sing over 30 years previously. She instantly asked whether I had heard Rosina Buckman as Musetta. She went on to explain she was looking after an "elderly lady" - Rosina Buckman. My patient was eager to return home to report to Rosina that her singing was still remembered after over thirty years.

Yours sincerely,

R. E. RIX,
Church Farm,
High Laver,
Ongar, Essex.

Introduction

We had hoped to be able to include in these columns "STOP PRESS" accounts of the Cricket Tour and Past vs. Present Match. Unfortunately, our correspondent found the attraction of a further holiday too great, so you will have to wait for the next edition.

However, by all accounts the Cricket Tour suffered badly from rain, and no match was completed. This forced them to extend their daily drinking hours.

Even if Guy's has been deprived of sport, there has been plenty to fill our breakfast-time reading of the newspapers. There has been some exciting athletics in Helsinki and at Crystal Palace, and some good British performances. Hopefully these successes will spur our Athletics Club on to still greater achievements next year.

I'm not quite sure in what way first-class cricket inspired the players in the 2nd XI vs. St. Christopher's match. T'Spu Mellor makes an unlikely Willis, but has bowling figures to match, and perhaps Bellew shows a closer resemblance to Botham in abdominal circumference if not in his averages. B. J. presumably saw no cricket at all during his hunting of sheep in the south-west, but what an excellent demonstration of guile and camouflage he gave in evading even H. M. Forces. Purwar's 83 not out was Boycott-like in its doggedness, but where are the complaints of slow-scoring, "Dickie" Dickenson (or W. J. H. and E. R. C. R.)? I note that he has left Guy's in anticipation of grass-roots rumblings — qualified, or something, he claims.

Our next edition is the Fresher's Edition, so Captains and Secretaries, update your entries with news of last season's achievements.

M. B.

CRICKET CLUB

Chapter Two

The disappointment of being knocked out of the Hospitals' Cup put behind them, the club organised a very successful net at the summer festival. The weather finally began to improve and at last some fine competitive cricket was played.

St. Mary's Hospital vs. Guy's at Teddington on June 5th, 1983

St. Mary's 162 for 6 (25 overs) Guy's 106 all out (McGuckin 60). Guy's lost by 56 runs.

The day after the summer festival the weather again played Maverick, however Guy's managed to inaugurate a fixture against St. Mary's Hospital. The game, played at Teddington, was restricted to 25 overs each side. Guy's bowled very poorly to enable St. Mary's to score 162 for 6 in their allotted overs. The Guy's reply was built around a hard hitting 60 by Dave McGuckin. This innings contained seven fours and three sixes and was a fine display of controlled aggression. Unfortunately the rest of the batting could not match up to this and tamely folded away. Guy's were tumbled out for 106 thus losing by 56 runs.

This was a disappointing defeat after the long wait to play the match.

Guy's vs. Hurlingham Oddfellows at Hop on Wednesday, 8th June, 1983

Hurlingham 157 for 6 (dec.), Guy's 119 all out (Cranston 54; McGuckin 39). Guy's lost by 38 runs.

The Guy's team reassembled at HOP on Wednesday to be faced by a strong motley of taxi drivers and other equally perilous characters. King continued his poor run with the coin, losing his eighth toss in a row (a 1 in 256 chance!)

Consequently Guy's watched Hurlingham amass 157 for 6 in a sweltering sun.

After tea McGuckin and Cranston put on fifty-two for the second wicket, but the customary collapse followed to leave Guy's at 119 all out, thus losing by 38 runs. This precipitous collapse was largely the machiavelian craftwork of one very clever West Indian gentleman who seamed and cut his way through the Guy's batting order to finish with figures of 5 for 29 off 9.1 overs.

This defeat was especially disappointing after Iain Cranston's fine innings of 54 had given Guy's a solid foundation from which to win.

Guy's vs. Old Lambethians at HOP on Saturday, 11th June, 1983

*Guy's 152 for 7 (dec.) (I. Cranston 50).
Old Lambethians 128 for 7 (C. King 3-30).
Match Drawn.*

The Guy's 1st XI assembled at Honor Oak with several debut "boy's", including the evergreen (bile) Charlie Popplewell. At last Chris King had invested in a double headed coin resulting in him actually winning the toss.

Guy's batted solidly if not flamboyantly with Iain Cranston again leading the way with a fine innings of 50 including six fours. The rest of the batting offered strong support to enable Guy's to declare at 152 for 7.

After a late tea, due to the delayed declaration by Guy's two amusing sights greeted the Old Lambethians opening batsmen. Firstly, Wiktor Zbrzezniak emerging clad in wicket-keeping gloves for the first time and secondly the portly presence of Popplewell rolling out across the outfield.

Guy's accredited themselves admirably in the field with a fine all-round performance. Iain Cranston made the early breakthroughs and Chris King led the side with a fine bowling display, bowling far better than his figures of 3 for 30 off 13 overs suggest.

One of the finest performances of the season was frustrated by solid resistance from the tailend of the Old Lambethians batting order. The close of play score was Old Lambethians 128 for seven. Guy's thus had the better part of a good draw.

While celebrating the near victory, the Charing Cross cancelled the game due for the next day. This ensured that celebrations were carried out in the proper style and with no conscience!

Rupert The Bare.

Dental Staff v. Dental Students Cricket

May the 29th saw another in the infamous series of cricket matches between the dental staff and dental students. Although not quite a "Clash of the Titans", the game gives the students a chance to pit their youthful cunning and ball skill expertise against the seasoned, evergreen (in mind if not in body) staff on neutral territory.

Despite the remarkable recent sequence of rainy days, the game commenced in brilliant sunshine. The Staff took to the field, led by Serinda Singh clad in beautiful "suitable for a consultant's clinic" - creased whites. The young Mr. Shaw, deputizing for Mike Hodge (he couldn't get a "pass") was not so suitably attired, sporting some Kerry Packer rejects.

Mick Powell and Dave McGuckin opened the batting for the students (Colin Buchan having turned down the offer to resume his battle with Graham Owen saying "it's hard enough to understand as it is, without another split lip.") After three maiden overs, Mick Powell was out, skillfully lobbing to Steve Shaw, bringing loud cheers from the crowd. Was this because of the surprising and remarkable catch by Steve Shaw? Or that Mick Powell was out for a duck? Or that Serinda had taken a wicket? Or that it brought Tim Bryant to the crease?

Whichever, the runs started to flow from the bat, especially when Graham Owen was taken out of the attack. Dave McGuckin moved onto 14 including two excellent boundaries before being out to a fine catch by Martin Telfer off Raj Joshi's first over. Joshi took his second wicket, dismissing Mike Bellew for a characteristic "duck", before retiring from bowling duties with a suspicious back injury. Bryant very uncharacteristically amassed 31 runs, including 16 off one Clive Waterman over (one six), but was then bowled by the only straight delivery Dilwyn Griffiths bowled.

Dilwyn took a second wicket however, when Kakhad was caught by Mike Bellew, momentarily forgetting that he was standing in for Raj on the staff side. Mike made up for it later, sending in "Exocet"-like fielding returns which often went for overthrows. Another useful partnership between Dominic Case and Howard Percival took the score to 81 when Nigel Foot was brought on to bowl. He proceeded to dismiss Dominic (15), Chris Dickenson (0) and Howard (11) giving him three wickets for 1

run. Serinda then surprisingly took him off. Keith Tierney and Hamish Gillespie were bowled by Russ Leeburn and Martin Telfer respectively, while Colin Buchan Streaked 8 not out giving the students an all out total of 90.

After a short interval for tea, Raj Joshi and Clive Waterman opened the batting for the Staff. Raj started impressively with a boundary (the back injury much improved after a few pints) but was then impressively caught by Mick Powell off Dominic Cox. Unfortunately it just wasn't Clive's day either, being bowled for – yes you've guessed – a duck in Mike Bellew's second over.

Nigel Foot (7) and Kirit (7) took the score onto 20, when both were bowled by Chris Dickenson and Mick Powell respectively. Thus, Russ Leeburn and Graham Owen were brought to the crease. Graham Owen scored a predictably swift 27, made up of some fine boundaries, interspersed with some sharply run singles. He was more than ably supported by Russ Leeburn, who, following his fine performance in the field, surprised us further with a solid innings of 22. Graham Owen was bowled by Mike Bellew after being "softened up" in an explosive over by Dominic Case, bringing Serinda to the wicket. After taking guard, surveying the field placings, prodding the wicket and adjusting his base, he edged his first ball to the wicketkeeper. Bryant, so overwhelmed at the prospect of such an important wicket falling so cheaply, was shouting "Owzat" before the ball reached his gloves and proceeded to drop the catch. Mike Bellew however made amends two deliveries later, ripping Serinda's middle stump out.

Mike Bellew took his fourth and fifth wicket in the next over, dismissing Jagsi (2) and, at long last, Russ Leeburn. Dilwyn Griffiths then arrogantly strode to the wicket with only pads and a bat for protection. Reminded of the other forms of protection (i.e. gloves and box) he less arrogantly returned to re-equip himself, thinking what might have happened and what it might have meant to his relationship with Caroline.

Despite a six, Martin Telfer (12 not out) and Dilwyn (2 not out) couldn't make the target of 91 after their 30 overs, reaching 87 for 8.

The students therefore recorded a narrow victory in the first of this season's

matches. A very enjoyable day was had by all in a match where the old adage "It's not winning but taking part that counts" was strongly applied. Our thanks go to Paul Shepperd and Nigel Fisher for umpiring and to the two captains, Chris Dickenson and Serinda Singh for organising the event, and we can only look forward to the next encounter!

Guy's 2nd XI v. St. Christopher's Megastars

The team that St. Christopher's assembled at HOP to play the Seconds was, in short, atrocious. This was because most of the chaps had not swung a bat in anger before, and those who had were rubbish. The ten Megastars who turned up on that fateful Sunday were indeed a sorry sight, especially Bob Dyer, dressed in blue shorts, armless T-shirt, shades and white beads, looking like a mincing "Village People" stand-in.

The team ambled over to the net to see who was worst at what – prospects of repeating that famous St. Christopher's triumph of 2 years ago did not look high. Things got worse when Captain Ed "Smurf" Rytina lost the toss and the Megastars were put out to graze on the lush outfield, so curbing any attempt to run away to the bar.

Many terrible mishaps hit the Chris's chaps while in the field. In the first over, Scriv collapsed, exhausted, after "trying" to prevent a quick single (too quick for him) and Russell moved just enough to rip his trousers and expose a large box beneath when attempting a catch behind the stumps – a more than revolting sight! Later in the innings Rick "The Perv" Harty attempted to become the first man to take a dolly catch at midwicket between his legs – the ball skied, the crowd went silent and the ball went straight through Harty's hands, connecting with his most delicate areas with a resounding thump. At this point the Christopher's team broke the silence with screams of delight; "Flanagoon" and Rytina were trying to prop each other up, tears running down their cheeks. Harty (looking a little pale) was carried off, amongst cries of "rub it better!" etc., and remained supine on the boundary for at least two hours.

However, the seconds did not have it all their own way, with opening bowlers "Bunter" Bellew and "Flanagoon" taking 2 wickets each. On one notable occasion "Bunter" bowled a real sizzler. The batsman

But "Dickie" had handled his bowlers, and not very well at that. The last overs by the pacemen were seen off by a solid, rock-like, Tavare-type, sheet anchor innings by Rytina. With him, aware of the risk of having to rely on last man Scriven if another wicket fell, the hero of the day, "Porky" Hogan, played a remarkable, personal record-breaking innings in attacking style, latching on to a couple of loose deliveries by Dickenson, despatching them to the boundary; and the match was over. A famous victory by the Chris's boys by 2 wickets, inducing much merriment that night, I can tell you, over the pride of the Guv' second eleven.

W. J. H. and E. R. C. R. .

Athletics Club Report

The Club ended the season with a few individual successes. Joanne Taylor who was selected for the University team for the British Universities Sports Championships could not attend due to exams and she missed out on several medal places.

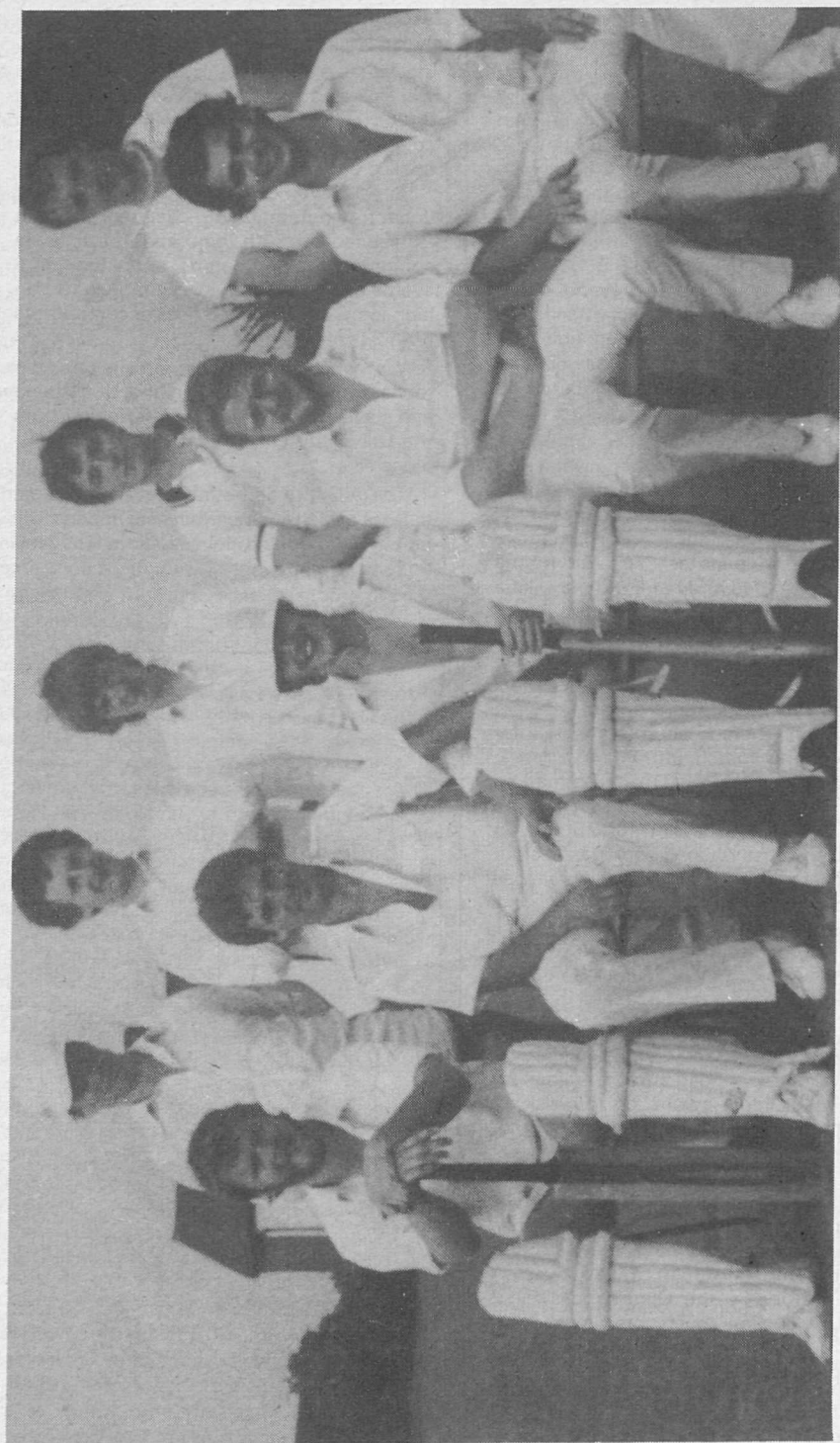
R. Atun was captain of the University of London team at BUSF championships at Gateshead on 30th June and 1st July. He competed in long jumps and high jump events and was 1st in long jump and 3rd in high jump out of a good field of competitors from 31 universities.

We hope that next year we shall be able to have more members in the U. L. team and have a good season by winning both the University and United Hospitals championships.

The A.G.M. will be in October, the exact date of which is uncertain but notices will be put up in Boland House in time for everybody to attend.

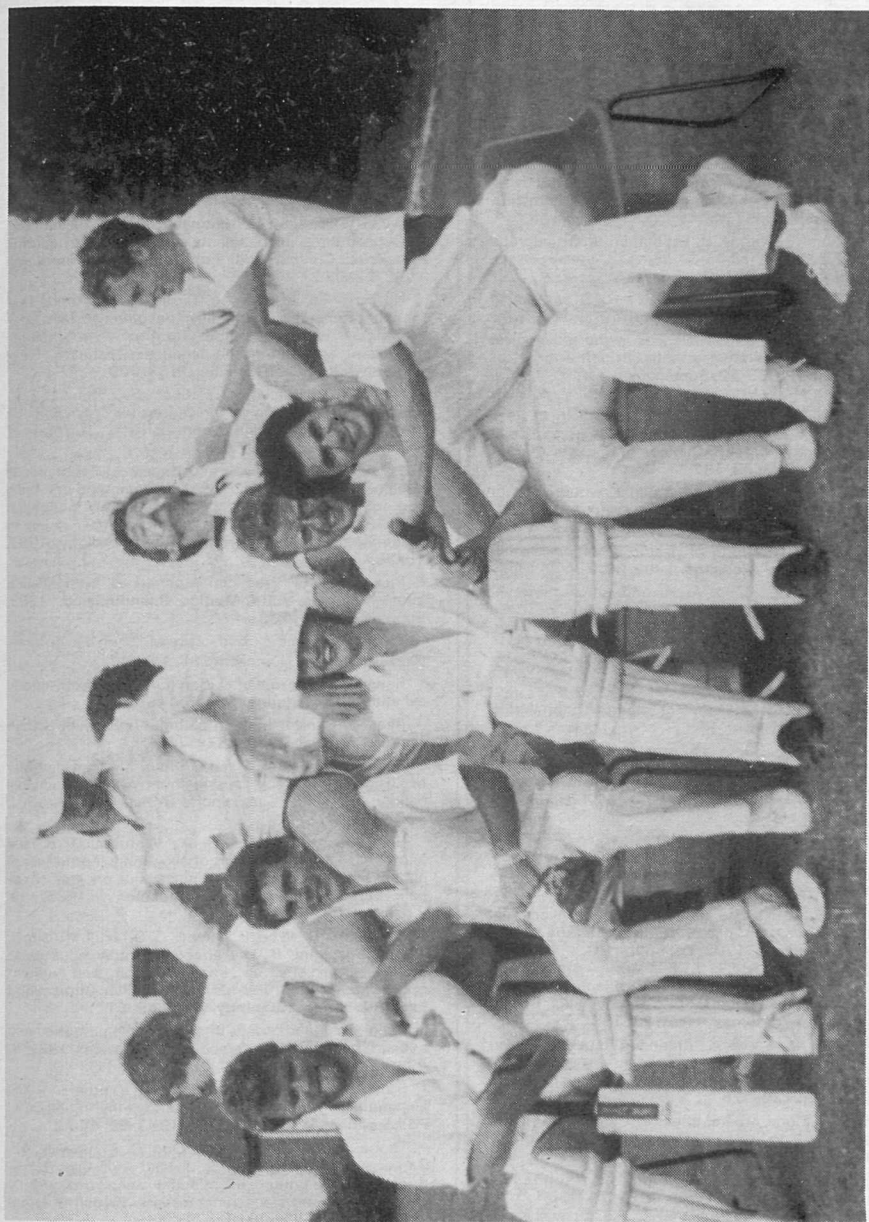
R. Atun
(Captain)





The Megastars

Back row (L to R): M. W. Scriven, R. M. Russell, S. Mellor, D. Flanagan, R. A. Dyer,
 Front row: (L to R): W. Hogan, L. J. Broughton, E. R. C. Rytina, M. D. Bellew, W. J. Harty.



The Megastars at Play

Hospital Information

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PASS LIST

Third (B.D.S.) Examination in Dental Surgery

C. J. Birtwhistle (distinguished in Dental Surgery)
Miss P. E. E. B. Wilder Smith (distinguished in Surgery)

Miss D. J. Blakey	A. R. Liddell
M. R. Blaney	D. H. Miller
T. F. Bryant	C. J. N. A. Morrill
C. Buchan	N. D. Oastler
D. W. V. Cox	H. W. Percival
R. A. W. Flanagan	Miss C. I. Robinson
Miss M. A. Gill	G. Thomas
Miss A. B. Gordon	Miss F. M. Yagtug

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Miss C. L. Allen	Miss S. Kabra
Miss S. A. Ames	P. T. Kelly
P. Bagge	Miss J. A. Kemp
P. A. Baldwin	Miss A. R. Kurer
Miss L. J. Ball	N. J. Lalic
L. A. Banks	B. Lau
R. Beard	Miss A. V. Law
N. P. Calver	Miss M. A. Leeves
Miss A. E. Capon	Miss S. J. Leeves
R. J. Capron	J. W. Leigh
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J. L. M. Chen	Miss G. E. Mandoj
Miss D. Clewer	G. C. Meharg
Miss D. Costello	A. C. Miller
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A. J. Cruse	A. M. Mitchell
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P. R. Davis	D. Muscat
M. J. P. Dubet	J. P. Norris
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M. P. Escudier	S. Owen
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I. S. Francis	Miss E. N. Parsons
Miss F. Grant	C. D. Pidgeon
D. S. Grody	A. E. Ribbons
Miss J. Gunnill	S. Richardson
W. J. Hanks	Miss A. Saksena
D. S. Hannington	Miss E. A. Selley
P. S. G. F. Hardee	Miss S. R. Townsend
T. R. Harker	Miss A. D. van den Berg
A. P. Harris	Miss J. Yeung Shun Wing
T. D. Harris	Miss E. Yiu Oi On
P. R. Holt	

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Miss A. D. Burgess	Miss N. Price
D. J. Burnham	M. N. Rudiak
Miss S. H. Cosans	M. B. Sandford
Miss C. J. Duke	P. D. Stenhouse
D. V. Flanagan	G. J. Stokes
N. J. R. Gibb	C. A. Stonehouse
M. G. Hackett	D. W. K. Tong
J. S. T. Hamilton	Miss S. Waddell
C. McGrath	Miss V. S. Ward
Miss W. J. Noble	Miss G. A. West
A. A. Parfitt	A. J. Whitehouse

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J. S. T. Hamilton	Miss R. M. Park
T. D. Harris	G. J. Stokes
C. McGrath	Miss S. Waddell

Third (B.D.S.) Examination in Dental Surgery, Part IV

B. S. H. Al-Naher	J. P. Hopkins
Z. S. H. Al-Naher	Miss J. Howden
Miss A. Barton	K. N. Hussain
Miss A. M. Boreham	Miss G. E. Jean
S. A. Brookes	Miss V. A. D. Jullien
Miss A. S. Bullock	B. M. Kelly
D. J. Burnham	J. M. King
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R. O. Coleman	J. D. Lashley
P. Cornish	T. W. Lloyd
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M. Dewji	I. M. Marshall
J. A. S. Dickson	P. B. Martin
R. W. Docker	M. W. Murch
Miss E. M. Dodd	Miss R. M. Park
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R. A. Dyer	M. J. T. Reevey
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S. M. C. Gould	Miss A. V. Taylor
K. B. Hall	Miss S. Waddell
T. R. Harker	A. J. Whitehouse
T. D. Harris	Miss S. Y. Young
W. J. A. Harty	

Second Examination in Dental Surgery

Miss G. R. Ahmad	N. A. Jones
Miss A. M. Allard	Miss S. J. Lomax
M. E. Allington	Miss B. A. Mielnik
H. Bentley	C. D. P. Morgan
Miss Z. Brenchley	Miss R. L. Morgan
T. D. Brink	M. N. R. Mortiboys
Miss S. A. Broughton	Miss A. L. Mullett
J. A. G. Buchanan	W. U. D. Noordin
Miss S. L. Burland	J. P. O'Brien
Miss E. M. Busby	N. D. Ogden
L. D. Camisa	S. P. O'Hara
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P. C. M. Chen	Miss S. N. Patel
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Miss M. M. P. Collins	Miss C. M. Rowe
I. B. Cooter	N. A. Sarson
Miss M. A. Dodd	M. A. Seare
M. A. Duncan	M. Seifouri
D. J. Fearn	Miss C. L. Shanks
S. P. Flynn	M. W. E. Shimmmin
C. D. Gould	Miss S. Singh
D. R. Guppy	T. Srichandra
Miss W. J. Harris	Miss A. Y. Y. Sun
C. A. Hawkes	Miss L. M. L. Swaddling
Mrs. J. M. Holmes	Miss M. Taylor
A. M. Hopkins	Miss S. K. Topping
J. P. C. Hyder	Miss A. Vahdaty
Miss K. F. Jaques	E. D. Willis

Second Examination in Dental Surgery Part A

P. P. Brajkovic	M. G. Foster
T. S. Cheema	Miss P. M. M. Lisowska

Second Examination in Dental Surgery Part B

I. W. D. Benson	L. Georgiou
Miss S. Franchetti	Miss R. E. Morgan
A. Fries	C. A. E. Slade

Final M.B., B. S. Examination

Miss A. J. Barnicoat (a)
G. N. D. Cowland (d)
A. D. Edwards (a,b)
T. R. Lancaster (d,e)
D. D. Lubel (b)
W. G. van't Hoff (b,c)

- (a) Distinguished in Pathology
- (b) Distinguished in Medicine
- (c) Distinguished in Clinical Pharmacology and Therapeutics
- (d) Distinguished in Surgery
- (e) Distinguished in Obstetrics and Gynaecology

J. H. P. Alexander
Miss V. M. G. Ambrose
A. P. Baranowski
P. G. Barker
M. H. Barnes
C. W. Barras
C. I. Bartlett
N. Beechey-Newman
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PERSONAL CHANGE OF ADDRESS

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POWLSON, Dr. Mark is resident at Brighton General Hospital, Elm Grove, Brighton, BN2 3EW from 1.8.83 to 31.10.83 and at the Royal Sussex County Hospital, Eastern Road, Brighton, from 1.11.83 to 31.1.84.

DEATHS

HARRISON-BLOOM, G. F. Harry, L.D.S., R.C.S., Eng. (1916 Guy's), dental surgeon, R.F.C., for more than 40 years in practice at 17 Welbeck St., W.1, peacefully in his 90th year.

WATSON — "Bill" Watson died on 15th July, 1983.

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Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.



Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Guy's Christmas Cards



Christmas Greetings

This year's high quality Guy's Christmas cards are now available, with a choice of two period Hanslip Fletcher pen and ink designs.

Card A, 4" x 6" (maroon on white), depicts the Front Entrance.

Card B, 4" x 6" (black on white), as above.

Both card designs cost 15p each (including envelopes) and can be purchased from the Gazette office, Mary Sheridan House, Guy's Hospital, SE1 9RT (Tel.: 01-407 7600 ext. 2023). Prepaid orders will be promptly despatched (postage and packing extra). Please remember to identify the design wanted.

Personal callers welcome: Office hours: Monday, Tuesday, Friday, 9 a.m.-3 p.m.



To The October Freshman

In accordance with a time honoured custom, it is the pleasant duty of the writer of this column to extend the hand of fellowship to all of you who have this October entered the Hospital as freshmen. Congratulations and welcome! First and foremost you are to be heartily congratulated on your choice of profession, a weighty matter and one that cannot have been decided without great searchings of heart. No doubt you have your own excellent reasons for your choice and have weighed the pro's and con's as far as possible without actual experience to aid you. However you have elected to serve a demanding task mistress: the training is difficult and on eventual qualification the responsibility great. Such a prospect may not seem exactly exhilarating, however the advantages your choice will ultimately give you will be intensely rewarding.

We have congratulated you on your choice of a profession, but it still remains to congratulate you on your choice of a hospital. No doubt you have some good reason for coming here. If, however, the choice was purely fortuitous, then fortune never did you a better turn. You have not chosen a faultless hospital; there will no doubt be bones to pick. But what realization ever did come up to one's expectations? The main thing about us Guy's folk is that we are all a happy family, and there are few institutions that can match it in this respect.

It is hoped that you will have a good time in the medical or dental school – previous generations most certainly have. You will lay by a store of memories, to which, if old Guy's men are to be believed, you will hark back to in after years and devoutly wish that you could have your student days again.

You have chosen a time to join the Hospital in which there is great change – the Union with St. Thomas' is now a year old, and the amalgamation with the Royal Dental Hospital has finally happened. To those students recently arrived from the Royal we would like to say an especial hello and welcome. We trust that your move will prove fortuitous for both yourselves and the Hospital. With these rambling remarks we leave you with the best of good wishes.

Gazette Christmas Raffle

Last year, the *Gazette* conducted a Christmas Raffle, which met with a considerable response and realised a profit of some £800. This money was an exceptionally useful addition to our income, and this year we have decided to hold another – the value of prize money is again to be a total of £400. A couple of books of tickets are included with each copy, and if you wish to take any please return the stubs and remittance in the envelope provided by December 2nd. The draw will be held on December 16th, and winners should receive their cheque before Christmas, Post Office willing.

News in Brief

Dr. Ronald Jones

May we offer our congratulations to Dr. Ronald Jones, who has recently been elected the European representative on the Board of the American Academy of Anesthesiologists. The Board of the Academy is meeting at Gatlinburg, Tennessee on October 26–29th, when Dr. Jones will speak on: "*Management of the Patient with a Sick Heart*", and "*What's New in Neuromuscular Blockade and its Reversal*".

Mr. R. P. Juniper

Our readers may be interested to know that Mr. R. P. Juniper, formerly consultant oral surgeon to Brighton and Mid-Downs Health Authorities, has recently been made consultant oral surgeon to the Oxford Health Authority. His address is now: Court House, Toot Baldon, Oxon, OX9 9NG.

Medical Implications of Nuclear Weapons

A series of six meetings is to be held between 10th–20th October, 1983, in the Physiology Theatre, Guy's Hospital Medical School, 1.00–2.00 p.m.

Monday, 10th October

Film: *Hiroshima-Nagasaki 1945*

Talk: *Burn, Blast and Trauma*

Major General Kirby

Director of Accident & Emergency Dept.,

Guy's Hospital.

Tuesday 11th October

Talk: *Radiation Effects of Nuclear Weapons*

Dr. J. E. Coggle

Senior Lecturer, Dept. of Radiation Biology,

St. Bartholomew's Medical College.

Thursday 13th October

Talk: *Psychological Aspects of Nuclear Weapons*

Dr. N. Darrogh

Department of Psychiatry, Guy's Hospital.

Monday 17th October

Talk: *Public Health and Civil Defence*

Dr. G. Winyard

District Medical Officer,

Lewisham & N. Southwark D.H.A.

Tuesday 18th October

Talk: *Medical Ethics and Nuclear Weapons*

Dr. A. Haines

Senior Lecturer in General Practice,

Middlesex Hospital Medical School.

Thursday 20th October

Talk: *Biological Implications of Nuclear Weapons*
 Professor C. Mims
 Professor of Microbiology,
 Guy's Hospital Medical School.

These meetings are open to all those who are interested.

British Medical Association: Lambeth & Southwark Division

There will be a Chairman's Reception at 8 p.m. on Tuesday, 4th October, in the Roben's Suite, at Guy's, followed by a talk at 9 p.m. on "The History of the United Borough Hospitals, From 1725-1983."

The meeting will be supported by Beechams and there will be a buffet supper with wine. Anyone interested in attending this meeting is welcome. Tickets for this occasion are £2.50 per person, available from: Dr. J. Sharp, King's College Hospital, London. SE5. (*Students welcome*).

Rugby Club Fixtures

1st XV FIXTURES SEASON 1983-84 140th SEASON

Date	K.O.	Opponents	Venue
Sept.	3rd 3.00pm	Maidstone	H.O.P.
	7th 6.00pm	Harlow Town	Harlow
	10th 3.00pm	Old Merchant Taylors	H.O.P.
	14th 6.00pm	Blackheath	Rectory Field
	17th 3.00pm	Nuneaton	Nuneaton
	24th 3.00pm	Askeans	H.O.P.
Oct.	1st 3.00pm	U.S. Portsmouth	Portsmouth
	2nd	Firkins 7's	Dulwich Common
	8th 3.00pm	Cambridge University	Grange Road
	15th 3.00pm	Old Dunstonians	H.O.P.
	16th 3.00pm	1st Round Surrey Cup	
	22nd 3.00pm	Cinderford	Cinderford
	29th 3.00pm	Purley	H.O.P.
Nov.	12th 2.45pm	Osterley	Osterley Park
	26th 2.30pm	Nottingham	H.O.P.
Dec.	3rd 2.30pm	Old Cranleighians	Cranleigh
	10th		
	2.30pm	Old Millhillians	H.O.P.
	17th 2.30pm	Esher	H.O.P.
Jan.	7th 2.30pm	Park House	
	14th 2.30pm	Sidcup	Sidcup
	21st 2.30pm	Streatham and Croydon	H.O.P.
	28th	Cambridge Medics	
Feb.	4th 2.45pm	Coventry Extra 1st's	Coventry
	11th 2.45pm	Guildford and Godalming	Guildford
	18th 10.30am	Bromley	Bromley
	25th 2.45pm	Taunton	H.O.P.
Mar.	3rd 3.00pm	Old Alleynians	H.O.P.
	10th 2.30pm	Royal Free Hospital	
	17th 10.30am	Newbury	H.O.P.
	18th 3.00pm	Past v Present	H.O.P.
	24th 3.00pm	Cambridge City	Cambridge
	31st 3.00pm	Havant	Havant
Apr.	7th	Tour	
	14th 3.00pm	Old Whitgiftians	H.O.P.

Gazette Staff Appointment

We have pleasure in welcoming Miss Juliet Goff, third year medical student, to the *Gazette* as News Editor. We hope the association will be a happy and fruitful one.

DATES FROM THE DENTAL DIARY

October	
Mon.	1— <i>WINTER TERM BEGINS.</i> The Calendar for 1984/85 will be available from Medical School Office.
Mon.	1—Applications close for the Third B.D.S. (Nov./Dec.) Examination, Parts I, II, III, IV and V.
Mon.	1—Entries close for the prize in General Subjects Examination.
*Wed.	3—Final L.D.S. Examination, Part III begins.
Wed.	3—Prize Examination in Children's Dentistry, including Orthodontics begins.
Mon.	22—Prize Examination in General Subjects begins.
*Fri.	26—Applications for the Final L.D.S. Examination, Parts I and III (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

DATES FROM THE MEDICAL DIARY

October	
Mon.	1— <i>WINTER TERM BEGINS.</i> —new student calendar (1984/85) will be available from the Medical School Office.
Fri.	12—Entries close for the M.B. B.Chir (Cambridge) examinations in December.
Fri.	19—Entries close for the Leonard Lubbock Prize in Chemical Pathology.
Wed.	24—Examinations for the Leonard Lubbock Prize begins.
Fri.	26—Entries close for the Beaney Prize in Histopathology.

Appreciation

F. N. Glover, M.S., F.R.C.S.

Noel Glover retired on 1st June, 1982, after 48 years at Guy's. Born 21st December, 1917, the son of F. S. Glover, a New Zealander who trained at Guy's as a dental surgeon and who later went to work at the London Hospital and in private practice in Streatham. Noel went to school at Dulwich and entered Guy's as a student in 1935, qualifying at the early age of 22, in 1939. He had the foresight to take and pass the primary F.R.C.S. three years before qualification, as was possible in those days, and this allowed him to complete the final F.R.C.S. at the age of 25 in 1942, and remarkably, the London M.S. a year later.

His first house appointment was to Dr. Polton and Dr. Grant, followed by three months as Medical Officer in Joyce Green Hospital, Dartford, which of course was during the war. There followed two months as Out-Patient Officer at Guy's (Casualty), and nine months as House Surgeon to Heneage Ogilvie, and three months as R.S.O. at the Seamen's Hospital, Greenwich.

In May 1941, he was appointed as Surgical Registrar to Hedley Atkins and then to Nils Eckhoff. At the same time he was Surgical Tutor to the Pre-Clinical class. His other duties included the back surgery, where all the minor surgical ailments were dealt with after emergency treatment in the front surgery. He was, at the same time, Clinical Assistant to the Fracture Clinic and to the Genito-Urinary Clinic. General Surgery was truly an inclusive specialty in those days.

The early 40's were difficult years for a doctor in training. He had many more responsibilities and worries in his work and at the same time had the feeling that he should have been in the Forces fighting a war which was going badly. Noel, together with Sam Wass and Kilp were the Surgical Registrars during this time and did nearly all the surgical teaching. There are many who as students are deeply grateful to all three, and remember them with great affection.

In 1943, Noel's military service started at the Royal Herbert Hospital, Woolwich, and a year later he served in the 79th British General Hospital, Masor. In April, 1945, he was briefly Surgeon in Charge at the 25th Indian Casualty Clearing Station and three months later Commanding Officer of the Indian Mobile Surgical Unit in Burma.

In May, 1946, he was promoted to Lt.-Col., Officer in Charge of the Surgical Division 45th Indian General Hospital, Lahore, and later to the 24th Indian General Hospital, Malacca, Malaya.

Whilst serving in the army, he sustained an injury to his face from a jeep accident leaving a permanent scar. On the way home from the East on a troopship he developed acute appendicitis. Being the only surgeon on board he tried the effects of sulphonamides with little effect. He therefore taught the Ship's Medical Officer to carry out an appendicectomy and the Sick Berth Attendant on how to give an anaesthetic. Back at Guy's, after surviving this ordeal, he was admitted with nothing worse than a wound abscess.

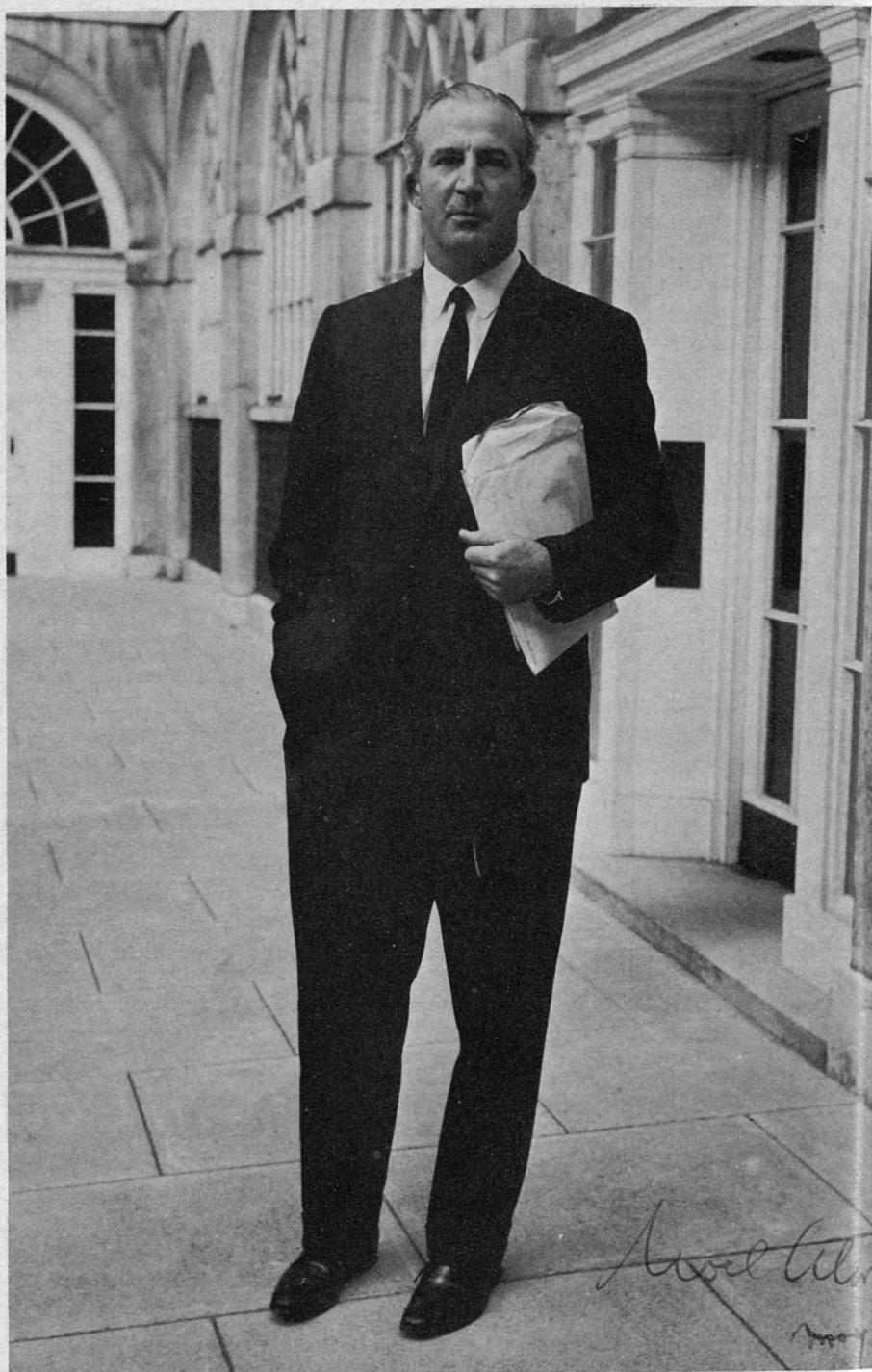
In June, 1947, he returned to Guy's as an ex-service Registrar and Clinical Assistant at St. Mark's Hospital, and was appointed as an Assistant Surgeon to Guy's Hospital, in June, 1948, with Rex Laurie, just before the inception of the health service. The concept of full and assistant surgeons ceased thereafter, although surgeons continued to be paired on one firm, one more senior than the other. During this time, he spent a valuable six months at the Lahey Clinic, Boston, with Dr. Cattell who had an international reputation as an abdominal surgeon.

Noel will be remembered as a wise, shrewd, kind and skilful surgeon, taking on the mantle of Grant Massie. He was the surgeon that his colleagues turned to when they or their families needed help. He made no hasty decisions, but was a very quick thinker and his judgement was never in question. He was careful and exact in his surgical technique, but unostentatious. Many a surgical registrar must remember the musical accompaniment to his operations, often slightly out of tune.

His particular professional interests, apart from abdominal surgery, lay in the surgery of the ductless glands and of varicose veins. He had an international reputation in treating hyperparathyroidism and performed almost all the parathyroidectomies at Guy's, with skill and thoroughness. He was also interested in portal hypertension and was the first surgeon at Guy's to carry out a porto-caval anastomosis.

He was an expert too in the treatment of varicose veins and was not only in charge of a huge varicose vein clinic at Guy's for many years, but also did nearly all the operations on his colleagues' wives.

As a teacher and examiner he was well known, both to the undergraduates, medical and dental students, and to the postgraduates. He was Examiner for the London M.B. as well as for the B.D.S. and L.D.S. From 1978 until 1981, he was Chairman of the Medical Committee and Schools' Council at Guy's, which carries an enormous burden of responsibility which he bore both with wisdom and with fortitude, for this period coincided with a time of intolerable family illness.



Mr. N. Glover

He will also be remembered by countless Guy's men and women with gratitude as the organiser of the Biennial Dinner for many years.

Noel is a reserved, single-minded, careful and kind man. He has too, that perhaps rather rare quality, complete surgical integrity.

His knowledge and interest in Art, particularly Dutch landscapes and Oriental carpets is well known, and his beautiful collection must have given him great pleasure and also comfort in the latter years. He has had to bear not only the death of his wife Jean, after a long and distressing illness, but also the sudden and tragic death of his daughter, Joanna, so soon afterwards. He will be remembered by all at Guy's as having the strength and ability to rise above such tragedy and grief.

We wish him a very happy and peaceful new life and an active retirement both in Burford and in Spain. He deserves this after all that has befallen him in recent years.

C. H. K.

Obituary

Agnes Elizabeth Russell Tanner

Elizabeth Tanner, Principal of the Guy's School of Physiotherapy from 1959 to 1963, died in St. Christopher's Hospice on 27th August. She was in her 80th year and had been in failing health for some time.

She trained in Bath and Bristol in 1925 and '26, and took her massage and medical gymnastics Teachers Certificate (T.M.M.G.) in 1929. She later added the Medical Electricity Teachers Certificate (T.M.E.) in 1958, but meanwhile had gone to Queen Charlotte's Hospital to become a State Certified Midwife, in 1937.

She joined the teaching staff of the School in October, 1949, when Sister Evans was in charge, and succeeded her as Principal on 1st August, 1959. Administration of the School had up to then been from Matron's Office, but thenceforth it was in the hands of the Principal and Miss Tanner was the first head not to have been first a nurse.

She was a kindly person, with a great interest in young people and her concern for the welfare of others was exemplified by her long term involvement with the Chartered Society's Members Benevolent Fund. It was appropriate that, rather than flowers, donations to the Fund were invited in the notice of her death.

Aside from Physiotherapy, Miss Tanner was active in the Guides movement as a Ranger Captain in Bristol, in 1928, and District Commissioner, in 1929. Increasingly she turned towards the handicapped and her last post was as County Secretary for South-West London's handicapped guides.

On retirement from Guy's, she continued to practise in association with general practitioners in the neighbourhood. She developed an especial

interest in the problems of stress incontinence and its treatment and kept herself professionally active for many years.

Much of her retirement was spent in Brede in Sussex and it was only in the last year or two that she had moved into St. Christopher's. Although she became physically less able, her dry wit and sense of humour persisted to the end and she will be fondly remembered.

R. J. C.

Miss Dorothy M. Cross

Miss Cross died on 6th July, 1983 in her 88th year at Fitzpatrick House, Waterbeach, Cambridge after a long illness, patiently borne. The funeral service was held at Exning, near Newmarket, where she had lived happily before and after retirement.

"Auntie", as she was affectionately called (she knew and loved her nickname), completed her nurse training at Guy's in 1925 where she subsequently held the posts of Staff Nurse, Assistant Home Sister and Sister Astley Cooper (Male Accident Ward). Following her Midwifery Training she was appointed Night Sister at Guy's, leaving in 1931 to become the Matron of the District Hospital in Walton-on-Thames, a post she held until 1943. In that year she returned to Guy's to take up the appointment for which she is best remembered – Night Superintendent – and in this important role she continued to serve until her retirement more than eleven years later.

Miss Cross firmly believed in discipline, attention to detail, punctuality and accuracy and she taught these virtues with her keen sense of humour to the very many Guy's Nurses who were fortunate enough to come under her supervision. In crisis or emergency – fire or flood included, she could be relied upon for immediate and tremendous support and whenever an admonition was called for, she would always soften it by addressing the culprit as they nurse or house-officer as "Child, Child".



During her long retirement she kept in touch with Guy's through the Nurses' League and visits from Guy's men and women. Her last appearance here was for the 250th Anniversary celebrations when she was the centre of attraction, particularly at the Cocktail Party. The driver of the car hired for the memorable occasion claimed never to have enjoyed a journey more.

A legend in her life-time, "Auntie" will go down in history as a great Guy's character loved by most and certainly remembered by all who knew her during her many years at the Hospital she loved so well.

B. M. H.

Clubs' Union News

Well, I must say it doesn't seem like a year since the last Freshers' Week – mind you, it doesn't seem all that long since it was *My Freshers' Week*, and I don't intend to reveal how long ago that was!

But, to business . . .

To all those who are new to Guy's, a very big welcome. For most of you, it will be your first time away from home, but never fear! All will soon become very familiar to you – that is precisely what Freshers' Week sets out to do: to introduce you to the people, places and activities that comprise the social scene at Guy's. So, whatever you do, don't miss a thing.

Here, once again, is the general plan for the Freshers' Week activities:

Monday	10.00	Dean's address, Harris Physiology Theatre
	11.30	Tours of Guy's
	3.15	Tea Party: Upper Spit
	4.30	Freshers' Fair
	7.30	Barn Dance: Ballroom
Tuesday	12.30	Charity Lunch: Ballroom
	6.00	Nat West Cheese & Wine: Ballroom
	8.00	Inflam: Bar
Wednesday	p.m.	Sports Trials: H.O.P.
	7.30	(approx.) Disco and Barbecue: H.O.P.
Thursday	5.15	Dental Society Introduction
	8.30	" <i>Riding Lights</i> " Theatre production: Ballroom
Friday	8.00	Freshers' Party: Ballroom
Saturday	8.00	Boat Club Hop: Ballroom

Take the chance to meet as many people as you can – the spirit of friendliness is never greater than during Freshers' Week! If you do happen to run into any difficulties at any time, don't hesitate to contact me or any of the other Union Officers. We should all be much in evidence.

A special welcome to our new intake of clinical medical and dental students. I hope it has not been too much of an ordeal transferring from your previous places of study, and that this week's activities will help to strengthen your new-found ties with Guy's.

Security!

Whilst indulging in the revelries of Freshers' Week, it is worthwhile remembering that London has something of a reputation for theft and pick-pocketing. So keep your valuables, especially wallets, credit cards and cheque books, in a safe place. Never leave bags unattended. And for those of you with bicycles, only the Citadel and Kryptonite locks can be relied on to deter an enthusiastic thief – assuming of course, that you lock your cycle to an immovable object!

Several local shops offer a post-coding service whereby your house number and post code are stamped under the bottom bracket of your cycle, hence providing a unique identification, and also an address to which the bike can be taken, if found abandoned. It only costs £1, so have it done! The nearest shop is London Bridge Cycles, on Tooley Street.

Elections

Elections will shortly be held to fill the posts of Social and Bar Secretaries. Anyone interested in taking on one of the jobs until the next Annual Election in January, please contact me or watch out for the posting of electoral forms on the notice board in Boland House.

Simon Ward

Clubs' Union Shop

As indicated in last month's Clubs' Union News, C. R. Thompson's, the Sports Goods shop on the Railway Approach to London Bridge Station, has closed after thirty-four years, and Mr. Fowler, the owner, has retired. We wish him all the best.

In future it will be possible to purchase Guy's ties, scarves, etc. at the Clubs' Union Shop in Boland House. The shop is open from 1 p.m. to 2 p.m. Mondays-Fridays, during preclinical terms, and for a trial period mail orders will be accepted. Current prices are as follows:

	£
<i>Guy's crested tie</i>	3.60
<i>Guy's striped tie</i>	2.25
<i>Rugby Club tie</i>	1.25
<i>Guy's scarf</i>	6.50
<i>Guy's/University of London scarf</i>	7.00
<i>Guy's cloth badge</i>	2.75
<i>Guy's blazer badge (wire) (to order) about</i>	16.00
<i>Guy's Rugby and Hockey socks, per pair</i>	2.75

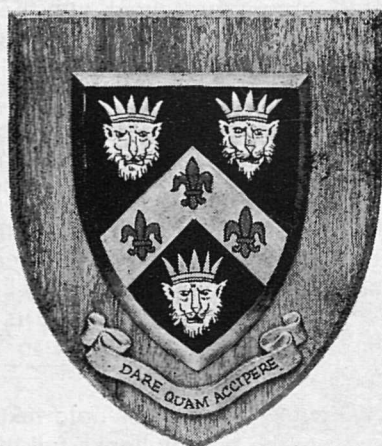
A cheque should accompany each order and should include 50p for postage and packing (50p per scarf where more than one is ordered at one time).

Blues and Half-Blues ties are available from the School Accounts Office, price £3.15 each, plus 50p per order for postage and packing.

In addition to the items described above, a wide range of other products are available from the shop – a full list is available on application to the Union Shop. Finally, it should be noted that the *Gazette* is well represented in the shop, making goods such as our prints and notelets more readily available to those on site.



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Types of Medical Students

1. The First Year's Man

(From *The Guyoscope* of May, 1897)

The First Year's Man is the most important man in the hospital. At least, he thinks so himself and we are bound to believe him. He is an interesting study, he is so full of good resolutions; and people with good resolutions are always interesting. He enters the school with the fixed determination to work hard and to pass every exam without being once referred in any subject. He makes up his mind to take a leading part in all forms of sport and thus shed additional lustre on the name of Guy's. He intends to read a paper at the Physical Society, to speak at the Debating Society, to take part in the "Smokers," and write to the *Gazette*. Time generally modifies these resolutions, as many of us have reason to know.

In the hospital the First Year's Man may be known by the number of books he always carries about with him. He never seems quite happy without an armful, and considers it quite beneath his dignity and position to go about empty-handed. Gray is his favourite on account of its substantial bulk, and a Gray, I have heard, is calculated to give, even to the most careless and ignorant, a serious and learned air.

In lectures he is known by his copious note-taking. He seems to live to take notes. After a few months he has books full of them which he never reads, and which perhaps eventually serve a useful purpose in helping his landlady to light her fires.

Sooner or later he will recognise the fact that there are in the hospital men who are both older and wiser than himself. This startles him at first and possibly saddens him for a time, but he generally learns in the end to accept the inevitable with a heroic resignation.

The First Year's Man serves a useful purpose in that he gives to the Second Year's Man an immense feeling of superiority, which the latter makes no attempt to conceal. When he gets into his third year and attains (or should attain) to the responsible and all-important position of ward-clerk, he in his turn will feel that pity and wholesome contempt which every senior man is expected to have for the First Year's Man.

Nothing pleases a man in his first year more than a noise, especially if he is the cause of it. His greetings to the lecturers, and the inordinate delight he evinces at the most trivial incident during their lectures testify to this; sometimes, indeed, his appreciation and his light-heartedness (no, not light-headedness, Mr. Printer!) prove too much for him, and he is apt to become a veritable nuisance.

It's a pleasant time too – the first year. It's a time of so many opportunities, and so many hopes and anticipations; a time so free from worries and cares. How many of us are there, I wonder, who would not gladly seize the chance of beginning our career again and making a fresh start; how many of us who would not delight in being First Year's Man once more!



Freshers' Section



Introduction by the Deans

Professor W. J. Tulley, Dean of Dental Studies

May I take this opportunity of welcoming you to our Dental School. This is a very special year because the Dental Schools of Guy's and the Royal Dental Hospital School of Dental Surgery have merged as from 1st August 1983. With the merger of St. Thomas' Medical School which occurred last year, we are now the United Medical and Dental Schools of Guy's and St. Thomas' Hospitals.

This merger has been part of the University's response to cut-backs in educational funding and also due to the Government's decision to cut the number of dental students by 10% on a national basis.

The important facts are that we shall be a very strong school but for the next two years will be operating on both the Guy's and Royal campuses. All new students entering this year will however receive most of their education on the Guy's campus.

You will find the environment of a large teaching hospital quite different to school and also different from most University disciplines. Your first year will be spent mostly in the Medical School building with your pre-clinical studies but we shall also attempt to introduce you to some aspects of clinical dentistry during this year.

In the Guy's Tower we have a very modern and well-equipped clinical dental school and I would urge you to find your way round this building at the earliest opportunity.

Most of you will have had some experience of dentistry either as a patient or through friends or relatives in the profession. One of our traditions at Guy's is of a deep commitment to patient care.

May I wish you well in your studies and hope you will enjoy the community life of Guy's to the full. I am available to discuss any personal problems you may have, particularly in the difficult settling down period of the first few months.

Professor T. J. H. Clark, Sub-Dean of Medical Studies

I am writing on behalf of the Dean as he has already contributed to the Freshers magazine and did not wish to repeat himself. I also think it is more appropriate that I welcome you as well in view of the fact that I am going to be involved with your progress through medical school and with any luck will see you all qualified on time. The Dean in his welcome refers to the half a century of association he has had with Guy's; I am afraid I cannot compete with that but as my links with Guy's extend back to before the majority of you were born I think I can make the same point that those of us who come to Guy's develop strong loyalties to the institution and its traditions. This emphasis on our history and cohesiveness may give an impression that Guy's is static and rather reactionary but recent events have shown this to be far from true. You are arriving at a time of great change and Guy's has rapidly adapted to the pressure of events. We have recently merged very successfully with St. Thomas's Hospital Medical School and just as we have become accustomed to the name of the United Medical Schools of Guy's and St. Thomas's Hospitals we have changed it again by our union with the Royal Dental School and have become the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals. The final stage of this process of growth and change through merger will we hope take place next year when the Institute of Dermatology will join the United Schools and subsequently move to the St. Thomas's site. These changes will create a formidable new medical institution and we will need to draw upon our traditions and campus loyalties to forge a future which will be as illustrious as our past.

Much will depend upon students entering the new institution and you will be playing a key part in creating new traditions and renewed excellence. As the Dean tells you in his introduction to the Freshers Magazine, undergraduate life on each campus will be little changed and I am sure the strong sense of identification with Guy's should continue so that we can take advantage of the great opportunities afforded by our union with St. Thomas's and the Royal Dental School. You are, therefore, coming at a time of great activity and can join us in helping meet the challenges that now face us in sustaining our high standards of medical education despite all the difficulties that are presently confronting us. On behalf of the Dean I welcome you and wish you the very best of luck.

Anatomy

Professor M. Berry, Department of Anatomy

Attempts have been made in recent years to eliminate almost completely the subject of gross anatomy from the medical curriculum, but it has been found that, without some knowledge of the macroscopic and microscopic anatomy of the human body, understanding clinical medicine borders on the impossible. It was suggested that students could do without anatomy and their clinical teachers would go over the essential part of the anatomy required for their teaching. Apart from the fact that clinicians do not want to spend a great deal of time teaching anatomy *de novo*, it was found that, after studying the anatomy of the body, some sort of understanding of the whole body emerged. It seems that this subject, which occupied a hallowed place in medical teaching for centuries, is now accepted as necessary – although in less detail than was thought as recently as thirty years ago.

It is important for students to realize that more than half the time spent in the Anatomy Department is devoted to histology, embryology and neuroanatomy. Dissection, the traditional concept and main part of the teaching of gross anatomy, is carried out because it is probably the best way to learn by one's own efforts and see at close range the nature of the structures of the body, and how they are related to each other. It has been argued that the appearance and position of organs in the living are not quite what they are in the embalmed bodies which are used for dissection. Dissection is, however, supplemented by radiological and surface anatomy. In this way, the body is made living and students can acquire basic information, which makes clinical medicine understandable.

I have often had the impression that medical and dental students regard the subjects of the Basic Medical Sciences course as a means whereby some teachers are kept occupied, and as a hurdle set to make life difficult before they can get to what medicine and dentistry are really all about. It is quite certain that most students will realize, in the course of time, that the preliminary year or years in the subjects of anatomy, physiology and suchlike, were well spent.

Biochemistry

Professor A. T. Diplock, Department of Biochemistry

The curriculum in biochemistry at Guy's for both medical and dental students is designed to emphasise, from the outset, the clinical relevance of the subject. We are not concerned with teaching biochemistry as a pure scientific discipline, the relationship of which to medicine or dentistry is remote and obscure. Rather, since disordered metabolic events lie at the root

of most abnormalities of function that manifest themselves as disease, we are concerned with giving students a good grounding in the basics of biochemistry in the context of abnormalities that may be seen as disease states in the clinic. The student may, at first, be rather bewildered by an apparently indigestible array of chemical reactions, but experience has shown us that, after a short time, patterns begin to emerge which gradually coalesce into an integrated picture of metabolic events. It is this integrated picture that is our goal, so that, at the end of the course, the student carries on to his or her clinical studies with a clear overall conception of metabolic events, without undue emphasis on detail which may obscure the overview which is our objective.

Those students who wish to study biochemistry in more depth may have the opportunity of intercalating a further year of study between the Part II B.M.S. examination and the clinical course, financed by the Medical Research Council. This year leads to an examination in basic medical sciences and biochemistry for the B.Sc. degree. The course consists of lectures which are shared with students from most of the other medical schools in London, given by teachers from many parts of the University who are experts in the field of their lectures. Secondly, there is a practical course and, in the Spring term, a practical project is undertaken in which students have the opportunity of familiarising themselves with a research project that is under way in the Department and of undertaking a related small research project themselves, which is written up as a dissertation and forms part of the degree examination. Following the union of Guy's with St. Thomas's, the B.Sc. course is now being run in collaboration with the Department of Biochemistry at St. Thomas's and, for the practicals, tutorials and seminars, students will spend part of their time at Guy's and part at St. Thomas's.

Pharmacology

Professor R. Spector, Department of Pharmacology

This introduction of the teaching of pharmacology at Guy's provides a good opportunity to welcome new students to the Medical and Dental Schools. The pharmacologists and clinical pharmacologists are fortunate in coming in contact with the students from their first days and continuing the association until the final examinations. Even beyond this, practising doctors and dentists have come to realise the awful truth about modern drugs – which is that many of them are highly potent modifiers of cell function. This means that they can influence disease states, but may also produce serious toxic effects.

One of the most important aims of the pharmacology and therapeutics courses at Guy's is to correlate the molecular aspects of drug action with the clinical importance of this in medical practice. Because the term *drug* includes any chemical which can alter cell function, the range of substances

which practitioners currently use is astonishing. Similarly, the implications to man of the effects of a single drug are sometimes remarkably broad. Alcohol, for example, has not only been used in treatment (to dilate arteries) and prevention of disease (by sterilising the skin or by raising the plasma levels of high density lipoprotein cholesterol), but many diseases caused by alcohol may have medical, surgical, paediatric, psychiatric, genetic and sociological aspects.

Perhaps the neatest way of summing this up is by defining pharmacology as how small molecules do big things.

Physiology

by Members of the Department of Physiology

Physiology is living. It is a science aimed at understanding how the living body works and, obviously, clinical practice is based on a sound understanding of body function.

It is a subject for the person who likes to think, and a disaster area for the person who will not assemble facts and make deductions from them. In this department, we aim to develop in our students an enquiring and critical approach to their studies. The B.M.S. examinations in Physiology follow this philosophy, in that a third of the marks are allotted to the interpretation of data from measurements made under varying circumstances.

This is not to imply that physiological information need not be learned. There are certain basic facts which must be known before they can be manipulated, and acquisition of these is assessed in the B.M.S. examinations by multiple choice questions.

The B.D.S. course, being shorter, allows less time for students to integrate their physiological knowledge. Nevertheless, the attitude of encouraging logical deductions from facts underlies the teaching.

All academic members of the Department of Physiology have medical or dental qualifications. All, therefore, have personal experience of the sorts of problems which confront medical and dental students. Furthermore, this clinical qualification enables them to assess the relative importance of various aspects of the subject to future clinicians, and while still teaching a basic science course, to highlight those areas of most clinical relevance.

The clinical background is reflected in the research carried out by members of the Department. Active research is done in aspects of nutrition and metabolism, rehabilitation, respiration and neurophysiology.

For those who are worthy and willing, a "hard science" course lasting nearly a year and leading to an Honours B.Sc., can be taken after completing the B.M.S. examinations.

Psychology

Dr. John Weinman, Senior Lecturer in Psychology

Very many clinical problems are manifested as behavioural or emotional changes and a knowledge of human behaviour and of underlying brain mechanisms provides a basis for understanding these problems. Moreover, with any clinical problem, a knowledge of the physical changes may be insufficient to appreciate why the patient is seeking help or failing to comply with, or respond to, treatment. To achieve this broader understanding of clinical problems, one needs to be able to take account of the patient with the disease, rather than the disease process in isolation. The contents of the pre-clinical psychology course are, therefore, concerned with both basic and clinically applied aspects of the subject, in order to provide a framework for understanding human behaviour in health and disease.

Sociology

Dr. D. Armstrong, Unit of Sociology Applied to Medicine

The sociological factors involved in health and disease are taught to three groups of Guy's students.

In their first clinical year, dental students receive a short course about the relationship between social factors and the attitudes and behaviour towards dental care, as well as the problems involved in the assessment and the provision for dental need.

Medical students receive a forty-hour course in the sixth term of their pre-clinical period. This is intended to stimulate thought about the social factors which affect the use of health services by members of the public, and the subsequent response to treatment. There are also discussions about the rôle of social factors in the aetiology of disease, and in the delivery of health care. Students who do well in their B.M.S. course may take advantage of a variety of course units in medical sociology for a B.Sc. degree arranged on an inter-collegiate basis.

Using the Library

by the Wills Library Staff

How do I find a book in the library? The card catalogue, opposite the issue desk, is arranged in author and subject sequences. On the top right-hand corner of each card are letters which tell you where the books are located. Those marked Textbook Collection are in separate sequence: for other locations, use the guide on the catalogue.

What is the Textbook Collection? This consists of books in greatest demand, mostly student textbooks. They can only be borrowed for short periods, e.g. overnight or for one week, and there is a reference copy of most titles.

How can I find the most up-to-date book the library has on the subject in which I am interested? The subject catalogue is arranged in alphabetical order of subjects with the most recent books on each subject first.

How many books can I have out at once? As many as you like within reason.

Do I have to have my reader's ticket to borrow books? Yes. Also, since you are responsible for all books issued on your reader's ticket, if you lose it please tell the library staff so that a check can be made.

How long can I keep a book out? Four weeks, except the Textbook Collection (see above). If another reader wants your book, however, you must return it after one week.

Can I renew a book without coming into the library? Textbook Collection books cannot be renewed, but must be returned by the date shown. Otherwise books not wanted by another reader can be renewed by telephone (Wills Library extension 3374).

Can I pass on a book I have to a friend? No, because you are responsible for a book as long as it is out on your ticket.

What should I do with my book when I bring it back? Put it into the book slot at the library entrance or hand it to a member of library staff at the issue desk.

What should I do if the book I want is not on the shelf? Ask a member of library staff to check and, if necessary, reserve the book for you. You will be sent a card when the book is ready for you.

Can I obtain a book which is not in the library? Yes, most books not in the library can be borrowed for you, generally from the British Library. These "interlibrary loans" are free to undergraduates if their tutor countersigns the request form.

I want to photocopy my notes. Can I do that in the library? There is a photocopier in the Periodicals Room. The cost of photocopies is 5p a sheet.

I am revising for exams and would like to see some past papers. Are these available in the library? Final M.B., B.S. papers and M.C.Q. books are

kept in the library for consultation. The Medical School Office holds reference copies of B.M.S. papers.

The library is very crowded. Is there anywhere else I can go to study? There are study places on the ground floor of the Gordon Museum, which is open from 9 a.m. – 5 p.m. Monday to Friday.

I think that the periodical I want is in the Anatomy Department library. Can you confirm this and may I go and read it there? Periodicals held in departmental libraries in the School and Hospital are recorded in the periodicals holdings list in the library. Departmental libraries may be used for reference, but please ask permission from the Head of Department.

I have heard about the new computerised information retrieval services in medicine. Are these available at Guy's? Yes; ask the library staff for more information. Demonstrations can be arranged for groups of students.

Can I borrow books from the University of London library? Yes, all students may use the University library at the Senate House. Application to join should be made at the registration desk in the entrance hall on the 4th floor of the Senate House (proof of student registration is required). Ask the library staff for more details.

If you have other questions, please ask the library staff – they are there to help you.



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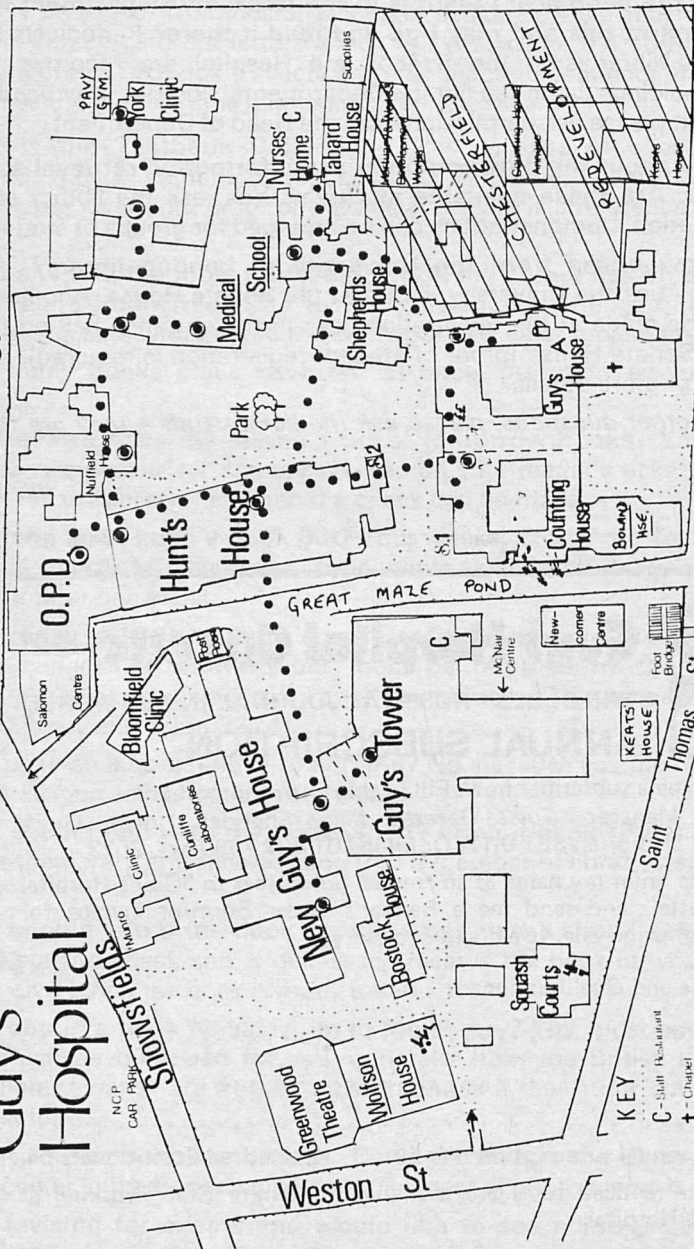
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Henry Taylor: Doctor to Basuto, Boer and Briton, 1877–1906

by D. K. C. Cooper

The Gun War: 1880–1881

In 1880 the Colonial parliament passed the Disarmament Act which enacted that no natives should be allowed to possess arms of any kind. Many of the Basutos resented this and became openly rebellious. The white settlers in Thlotsi found themselves living in the midst of 30,000 hostile natives; women and children were sent over the border to safety in the Free State. The three remaining white men in Thlotsi were reinforced by thirty mercenaries – “rascallions, tramps, and such like” – hired by the Government, and twenty native police “of doubtful loyalty”. This small group organised their defence inside a large walled enclosure.

After a few days they were attacked by a force of about 1,000 mounted Basuto led by the rebel leader, Joel. When the rebels were about 150 yards away the small troop in the enclosure opened fire on them. The enemy dismounted and rushed the enclosure, gaining possession of the port-holes so that they began shooting the inhabitants down inside their own enclosure. Dr. Taylor was in the thick of the fighting. *“It was apparent to everyone that, unless something could be done to relieve the position, we must soon go under. Commandant Stanton therefore got together a few men, the gate of the enclosure was quietly opened, and they crept silently out and advanced along the wall of our enclosure, till they turned the corner and came suddenly on the men who were shooting through our port-holes. These were taken unawares and rapidly shot down by Stanton and his men as fast as they could load and fire, our men inside holding on to the muzzles of the protruding rifles to render them useless.”* The situation was relieved and the attackers retreated.

Fortunately for the Government “forces”, at this time the local river was in flood and impassable, for on the opposite bank were some 1,200 more rebellious Basuto, unable to cross. The plan had been for them to attack simultaneously on the opposite side. Had this been done Dr. Taylor and his group would surely have been killed. Their respite was, however, shortlived.

Soon the Basuto reorganised themselves and the small party in the enclosure found themselves surrounded by almost 4,000 men on all sides. A siege lasted for a week and ammunition and supplies were becoming exhausted. It was decided to send a messenger to the capital, Maseru, asking for reinforcements urgently. *“I wrote the note in French on a piece of thin paper which was enclosed in a bit of quill sealed at both ends, as a protection against wet. We offered a Zulu policeman £10 to take it to Maseru, distance about 60 miles, and he agreed to make the attempt. Stripping himself quite naked, and rubbing himself all over with oil, he left the camp on a pitch-dark night, slipped through the enemy’s lines unobserved, swam the river, and so departed on his hazardous errand.”*

Relief in the form of the Diamond Field Horse, a body of some 200 men, arrived only in the nick of time. They were also joined by 350 loyal Basuto and later by 350 men of the Transvaal Horse. The men of the Diamond Field and Transvaal Horse belonged to every nationality, *"comprising thieves, ruffians, deserters from the army, and a bad lot generally"*.

The war went on for six months; hand-to-hand fighting occurred on occasions, Henry Taylor suffering several narrow escapes. Finally agreement was reached between the Governor of the Cape Colony and the rebels, and the fighting ceased.

Civil War: 1882–1884

In April 1881, as soon as the war was over, Dr. Taylor married Miss Bell, the daughter of the Thlotsi magistrate. In November 1882 they had a son, but ten days later wife and baby were forced to flee to the Free State to take refuge again as war had broken out between rival Basuto chiefs. The rebel chief, Joel, was making another attempt to take control of the country, this time from his brother Jonathan, a chief loyal to the Government, and news reached Thlotsi of an imminent attack.

Joel with some 5,000 men took up a position on a flat-topped mountain that overlooked the Thlotsi camp. Six hundred loyal Basuto led by Jonathan, realising that their own days were numbered, courageously attacked the mountain stronghold. Government officials, including Henry Taylor, were under the strictest orders not to join in this inter-Basuto struggle.

"It was intensely exciting to watch the attack, knowing that one's life hung on the success of it. At last they gained the top of the hill, when a desperate hand-to-hand fight took place, which seemed interminable." Fortunately the fight was won by the loyal Basuto. *"We all breathed again at our unexpected deliverance."*

There followed a few months of relative peace and quiet, but then came news that Joel was planning one further attack on Thlotsi in an attempt to crush the loyal Basuto. Dr. Taylor learnt that some 14,000 men were now on the march to attack them, over 5,000 men to the north, 6,000 to the east, and 2,000 to the south, who, when they had all taken up their positions, were to rush the Government camp and kill all inhabitants. With masterly British understatement Dr. Taylor comments:— *"This was rather serious news."*

However, the loyal Basutos, heavily outnumbered, won another great victory and the situation was once again saved. As the victorious warriors filed past him on their way back from the battle, Henry Taylor writes that he *"almost cried, that I could not be one of those gallant fellows who had won victory against such odds"*.

Orange Free State: 1883–1906

In late 1883 the Imperial Government took over control of Basutoland from the Cape Government. Dr. Taylor was offered the single post of medical officer for the whole of the country. He declined the appointment as it would have meant living in Maseru, which he did not like, and as he was not sur-

prisingly *"a bit tired of the constant fighting and upset"* in which he had been embroiled during the previous four years. By this time he had purchased property and a practice in Ficksburg in the Free State, and decided to take up residence there. Trouble and strife, however, seemed to follow him, for it was not many years before he was embroiled in yet another war, this time the Anglo-Boer war.

Ficksburg

At that time Ficksburg was a small town with about 150 inhabitants of both Dutch and English origin; there was hardly a single picturesque feature, just a collection of badly built shanties with barely a tree to be seen. Dr. Taylor found himself living in close proximity to a number of unusual people.

His cook, Sammy, was as a rule a well-behaved servant, but when guests had been invited to dinner the responsibility became too much for him and he would get hopelessly drunk, leaving the dinner half cooked and the kitchen in disarray. The hostess would have to leave her guests, hastily change out of her dinner dress, cook the dinner, dress again, and try to look as if nothing had happened. Another servant, Inkeku, on occasions doctored the morning coffee, adding fluid from a kettle, which, when examined, would be found to contain a toad, a snake, a scorpion, and other like things. The Ficksburg postmaster was a one-armed old German, who spoke no known language; any letter addressed to someone not personally known to the worthy man was flung contemptuously aside into a corner of his office.

Henry Taylor was elected a member of the village council and held office for 23 years, during which time the local amenities were improved by the addition of a swimming pool, a park, a recreation ground for various sports, a golf course, and eventually a race course. The town's water supply was installed, the streets lined with trees, and a large hall built for concert and theatrical performances.

Dr. Taylor founded a local library and remained president of the library committee throughout his time there. He began with 20 books on a spare shelf in his surgery, but by the time he left Ficksburg over 20 years later a civic library had been built and contained over 3,000 volumes.

The Dutch council members complained that they did not understand English, and its use caused so much bad feeling and so impeded business that eventually the Dutch language alone was used. Dr Taylor was forced to learn the dialect of Dutch called the Taal (the basis of modern Afrikaans), which he found easy to acquire. *"It was very simple, limited in its vocabulary, and quite free from any grammatical rules."*

The third and final part of the life of Henry Taylor will be published in the November issue of the Gazette.

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The Snowflake Ball

As a result of the Snowflake questionnaire earlier this year, it was decided that, for the first time for many years, the Snowflake Ball should be held outside Guy's.

With a new elegant venue, the committee feel that they have a fairly free hand to try some new ideas and change the style of the Ball. We would like the Snowflake to become a very special event in the Guy's social calendar, to which all members, and past-members of the Clubs' Union and their guests are warmly invited.

We hope that all age groups will find the programme we are arranging appealing, and this year we would like to see both senior and junior medical and dental staff, as well as old Guy's men and women, joining the students at the Annual Ball.

Now for some details:

The Snowflake Ball this year will be on Friday, 18th November, from 7.00 p.m. until 3.00 a.m. at the Glaziers Hall, 9 Montague Close, London Bridge.

The main attraction will be the Pasadena Roof Orchestra, the well-known and popular jazz band. There will also be a variety of other bands and artists, including a dance band, a jazz funk band, a string quartet, close-harmony singing, a magician and a film.

Dinner will be served in two sittings; the first at 7.30 p.m. and the second at 9.00 p.m.

The number of double tickets including dinner is limited to 200 at a cost of £35 each. Double tickets without dinner will cost £19. Tickets will be available from 3rd October on application to me c/o Boland House, Guy's Hospital, London SE1 9RT.

I do hope that we can count on plenty of support for the "new" Snowflake Ball.

Jane Stebbing

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are October 12th and November 28th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.



Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

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Dental Notes

by Mr. A. D. Robinson

Many students have now returned from holiday and we are about to start a new academic year. Shortly there will be an influx of students from the Royal. The Dean of Dental studies has promised to write a report for the *Gazette* on the subject of the merger. No doubt he will do this when he returns from holiday.

I am suffering from that pre-holiday feeling that I shall never get up to date with my commitments before I actually go on holiday. Dental Notes will therefore be brief.

The best news from my point of view and for readers too is that Dr. S. J. Challacombe has agreed to share the duty of reporting on dental matters. This is an excellent development because in his new capacity as Dental Sub-Dean he will have his ear closer to the ground than mine.

Dental Society Programme 1983–84

Meetings to be held in the Tower Lecture Theatre, Floor 30, at 5.15 p.m. unless otherwise stated.

THURSDAY, 6th OCTOBER, 1983

Presidential Address, by Professor M. N. Naylor to be held in the Harris Physiology Theatre, Medical School.

MONDAY, 17th October, 1983

The Natural History of South Georgia and its Vicinity, by Mr. J. Hector BSc.

MONDAY, 31st OCTOBER, 1983

Report on recent student electives.

MONDAY, 14th NOVEMBER, 1983

An Elephant's Eyevew of the Dental Services, by Dr. M. Downer PhD, LDS, DDPH: Chief Dental Officer DHSS.

MONDAY, 28th NOVEMBER, 1983

Speaker to be confirmed.

1st–2nd DECEMBER, 1983

Gateway to Practice.

A series of lectures and discussions for students taking 3rd BDS Part V in November 1983 and June 1984.

MONDAY, 5th DECEMBER, 1983

'Moving Mountains' — a talk by Professor W. J. Tulley BDS, FDS, D Orth RCS.

MONDAY, 9th JANUARY, 1984

Report on recent student electives.

MONDAY, 23rd JANUARY, 1984

'All in a day's work' — a talk by Mr. R. Parkhouse BDS, FDS, D Orth RCS, Consultant Orthodontist and motorcycling enthusiast.

MONDAY, 6th FEBRUARY, 1984

'Occlusal Considerations in Restorative Dentistry' by Mr. N. Capp BDS.

MONDAY, 20th FEBRUARY, 1984

A talk by Professor Blackwood MD, FFD, RCSI, Professor of Pathology at the Royal.

MONDAY, 5th MARCH, 1984

Speaker to be confirmed.

MONDAY, 19th MARCH, 1984

'What happens when the cap doesn't fit?', by David Phillips, Dental Secretary of the Medical Protection Society.

DATE OF ANNUAL GENERAL MEETING TO BE ARRANGED.

The Bore Report

Continuing the progressively less coherent and more bigoted remarks of our resident alcoholic, Eugene Bore. As before, all intelligence is gratefully received. Any resemblance to persons living or dead is unintentional – and in many cases deplorable!

Bore Shock Horror!

Your correspondent was less than delighted when opening the last *Gazette* to see a *Bore Report* written for the June edition, but arriving too late for printing. This might explain why its contents were even more out of date than is usual. Could I ask the Editor to refrain from such practices in the future? (By the way, Mark, I still have the negatives!)

As men age, certain infirmities tend to strike them. In view of Thomas Guy's advancing years, it was not surprising that he needed the aid of a catheter and leg bag recently. It lasted a week, before the necessary surgery was instituted – though it is still not clear whether this was performed in Nuffield or New Guy's House.

Schlossed in Heidelberg!

I hear several interesting rumours about a visit to Germany, but I doubt if they will get past second proofing. Parts fit to print will appear in an article next month, or so I heard recently at the *Lido Bar*, Bensheim.

Overheard in a lecture several months ago: Lecturer – “*Why do people masticate*”; Voice from audience – “*Because it feels good*.”

Has civil war been declared amongst the students of Prof. McColl's firm? Is this to be featured in a follow-up documentary on the pressures on medical students to get the best sign-ups no matter what? Can it be cured by bran?

What unusual dish was cooking in the oven on Wolfson's 14th floor? Would the owner of the garments in question like to publicise the advantages of oven-dry as opposed to spin?

Wandering down on automatic pilot to HQ, I could not help but notice the improvements which have been made. A goodly variety of real ales, cider, more spirits, more wines ... almost as if they followed my December lament to the letter (See *Passim*, 1982, p. 411). A superb effort by the parties concerned – although long

overdue, considering exactly the same proposals were made in 1979. Some things don't change though: the plastics seem to disappear as rapidly as the old glasses – at least, they never seem to be superabundant when I need one.

The work done to improve the facilities in HQ has had one casualty, as noted in the last edition. I am surprised that the editor did not extend this parable back further, since the statistics are most depressing. More importantly, they do not point to a need to appoint a sabbatical President so much as the need for an ‘*Ents*’ officer who combines the posts of both bar and social secretaries. Very few presidents suffer from the rigours of office, such as they are, but the last *six* years have seen delay in qualification, resignation of post, or resignation of studentship in no less than *five* bar secretaries and *three* social secretaries. It would be folly to make the post of President sabbatical if the workload amongst the other officers stayed the same, and judging by most recent examples, the elected presidents would not have been capable of running the bar or entertainments efficiently even with a free year. The president should continue as chief executive and external representative as at present, but the posts of Bar and Social secretaries should be combined as a sabbatical Entertainments Officer. Then, perhaps, this waste of talent will stop. Meanwhile, the Clubs' Union launches into Freshers' Week without an elected Bar or Social Secretary.

Incidentally, viewing the above problem, whatever do the ‘elected year representatives’ on the Clubs' Union Council do? Presumably nothing, as the fall-out rate of officers has increased since the expansion of the council, and the general services provided (with the exception of the shop and the recent changes in the bar) are generally held to have declined since the change-over in 1979. Is it time for this mistake to be acknowledged and dealt with, and for termly UGMs to be reinstituted?

Eugene Bore

Physiotherapy

At present, physiotherapists trained abroad are able to become state-registered in this country and, therefore, able to work in the N.H.S. Sometimes they are able to do so purely by virtue of reciprocal arrangements or approval of their School's programme. Otherwise, they must attend for an interview-examination at which they are required to demonstrate their technical competence, theoretical knowledge and command of the language.

At Guy's, we have enjoyed working with such colleagues and usually we have mutually benefited from the interaction of ideas and methods. However, it is becoming progressively more difficult to make exchanges of this kind, both for British-trained staff wanting to work abroad and for foreigners wanting to work here. For us, this is particularly sad in that a major obstacle is the academic standing our diploma courses have in a largely graduate profession overseas.

Ironically, the Physiotherapists Board of the C.P.S.M. has always been exercised by the problem of ensuring that overseas physiotherapist degree holders have the skills and expertise that are expected of British diplomates and it has lately been decided that the only way to do this is to examine every applicant for registration. However, only applicants trained in institutions approved by the Board can be considered at all and on the list currently published, for example, there is none in the U.S. and very few from Northern Europe. It is intended that submission for approval of courses and institutions will continue to be accepted and that the list will be reviewed and the courses re-assessed after the new system has been in operation for three years. The starting date will be September 1st, 1984.

It is not feasible to calculate how big the demand will be but all the Schools of Physiotherapy have been canvassed to see if they are prepared to take part in the examinations. These are conducted by two experienced physiotherapists, normally one of whom is a teacher and the other a senior clinical physiotherapist.

The format of the examination will, as now, consist of examination of a patient, discussion of treatment methods, investigation of background knowledge and commonly used techniques. Whereas the tests are now set up on an *ad hoc* individual basis, it is intended that after September 1984 there will be a group of applicants interviewed in January, April, July and October at one centre in London and a second in one other town.

The advantage of having good practitioners working in other countries than their own is obvious, but the Board has a statutory duty to ensure that at least in the N.H.S., the public are to be treated only by physiotherapists of a given level of competence. One cannot argue that the new system will be more thorough than the old. How many foreign physiotherapists will be deterred from seeking to work here by the knowledge that they must face an extensive examination is difficult to say but it to be hoped that the influx will not dwindle to nothing or we will be the losers.

Ronald Cooper

bosp

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Book Reviews

"Pocket Examiner in Pharmacology" by Tirza Bleehen 1st edn. Pp: 268 Price: £5.95 Cover: S. Published by: Pitman.

Many of us find that it is not possible to read textbooks in a passive manner. The contents do not seem to get beyond the visual cortex. However if attempted recall is added to the process, then learning is stimulated. Tirza Bleehen has produced an attractive little book which is based on the reader trying to answer questions, and then

comparing his efforts with Dr. Bleehen's rather good official answers.

The quality of the information is really good and the coverage is broad. The book is not only suitable as an aid for revision before oral examinations, but could be used from the earliest part of the course so that individuals can check that they really have started gathering information from lectures, books and tutorials.

R. G. SPECTOR
Professor of Pharmacology

Sport

Introduction

I have great pleasure in welcoming all new students to the great hospital of Thomas Guy. Here you will find enormous scope for enjoying your days as a Medical or Dental student, whatever your individual interests and requirements. We have some of the best facilities in the University, and an excellent sports ground just a short train journey away – closer to the Hospital than any other college can boast.

A quick perusal through your Fresher's Handbook and a visit to the Fresher's Fair will give you some idea of what we have to offer.

Unfortunately in recent years we have not had many highly talented sports-people amongst the new intakes, but this has only made Clubs more determined to work harder for success.

You will find your new label of "Fresher" irksome, but the best way to be rid of it is to join in and quickly become a part of the place. This is most easily done if you join a Club, where you will find yourselves warmly accepted by older students well able to show you the ropes.

Don't get pushed into the work rut – education is not merely about books but about life, and nowhere more so than in medicine and dentistry. Academic and non-academic pursuits are equally important, and if sport is your inclination, I'm sure you'll find fulfilment here.

I wish you luck and many happy years here.

Association Football Past XI 2, Present XI 2

They came from all parts of the country, some a little fatter, one certainly a lot balder, but all smiling with the pleasure of renewing lapsed acquaintances.

Marshalled by skipper Steve Robinson whose only contact with the world outside his temporary home in Carlisle has been a telephone, the Past XI took to the field in horrible green – the original yellow ruined by a sadly absent barrel, now also one of the Past.

The Present XI looked less prepared for this game than they have in previous years, but still had the extra speed necessary to worry the experienced Past defence. It was the Past though who took the lead, a smartly struck shot from Keith Underwood passing 'keeper Russell as defenders stood watching. The Present went forward again. Shouts of "Goal!" as "Nowall" Cowland looked to have caught the ball behind the line were dismissed by referee Wrecker at the other end of the pitch. Finally, one of many testing throws from Ed Fresher was delicately headed in by Old Man Harris, Cowland looking vulnerable under pressure.

Neil "I bites yer legs" Maclachlan, dominant at the centre of the Past's defence, took away Harris' legs Norman Hunter-style – he had obviously kept his old tricks well practised. John Exelby had his chance of glory, but his flailing legs missed the ball completely.

As half-time approached, legs flagged,

and hearts stopped as Present Captain Andy "Grip-o" Jones stroked a back pass to Past forward Mike Breeze, but he lacked the composure necessary to score, instead sending the ball spinning off target.

The second half saw the replacement Past 'keeper, Robin "Rubber Man" Evans, in all sorts of trouble. Looking like something out of space, long thin legs, swirling arms, an extra eye on his head (really just the sun reflecting off his bald patch), he fumbled and groped his way through some anxious moments, but eventually found Brian "Wildebeest" Jenkins' shot too hard to keep hold of, and t'Spu Mellor slipped in the rebound off Harri Williams' lunging boot.

The Present relaxed a little. Clive Archer tried to rally the Past, and had a good free-kick narrowly miss the post, but they were flagging. Steve Robinson, seemingly having taken lessons from his counterparts in American Football, made a quick series of substitutions, bringing on defenders when under pressure and forwards when on the offensive.

Roger Davies and Tim Miller, the latter unchanged with his Medusa-like head of red hair and drooping moustache (he too had managed to turn yellow and blue kit to two-toned green), worked hard in midfield, battling against some sharp tackling. Much of the President's best play stemmed from t'Spu, but many of his incisive balls were wasted by careless colleagues.

As the Present relaxed a little too much, Thug going down with cramp, the Past surged forward again with renewed vigour. Ed stood off Keith Underwood, giving him time to lob the ball over Russell's ears for his second goal. In the dying moments of the game, Pete Twomey found some space, took the ball on his chest and turned to shoot, and would have scored, had not the final whistle prevented him.

Thus the match finished, 2-2, a fair result, much enjoyed by all; but there the evening started. A hot bath helped stiffening limbs, and spirits perked up as a young female physio, her ladies-in-waiting trooping behind through our changing room, was unceremoniously stripped and dropped in the bath as a birthday present.

In the bar, Joyce Dann served up a delicious three-course meal, and games and serious drinking commenced. Chairman Underwood made his own share of mistakes and went heavily punished.

Marcia Batterbury was slow at fizz-buzz, and suffered. Baldy Evans insisted on drinking with his right-hand, and drank numerous large penalties for his obstinacy. Greenaway delighted us all by starting one round of fizzbuzz with a determined, confident cry of "Fourteen"!

The traditional beer race was fought, between Medics and Dentists, the former winning as the Dentists slowed up in the middle.

And so back to HQ to continue the celebrations, and as the evening wore on, retirments increased leaving a hard core to drown themselves into oblivion.

Past XI: *N. Cowland; R. Evans; D. T. Williams; N. MacLachlan; J. Exelby; R. Bond; S. Robinson; T. Miller; C. Archer; R. Davies; D. Greenaway; M. Breeze; I. Renwick; K. Underwood.*

Present XI: *R. Russell; M. Scriven; A. Jones; G. Shannon; A. Marsden; E. Rytina; S. Mellor; M. Batterbury; B. Jenkins; N. Croucher; T. Harris; P. Twomey.*

Rudolf

Association Football Club

The season has not yet got fully underway, with League Matches not due to start until mid-October. At time of press, only one friendly had been played (see elsewhere). However, for the benefit of Freshers, here is a brief resumé of the Club. Guy's A.F.C. run 3 teams in the U.L. League; the 1st XI play in division 1R, the 2nd XI in 3R and the 3rd XI in 5R. Matches are played on Wednesday and Saturday afternoons, usually with two matches every week. One of the highlights of the season is the U.H. Cup competition, in which all 3 teams enter. This is usually the most fiercely contested competition. A fixture card may be obtained from the club pigeon hole, detailing our league and cup programme.

Training occurs every Monday evening, and in pre-season training so far we have been lucky enough to use an all-weather pitch at Tabard Gardens, 3-4 minutes walk from Guy's. So far there has been good attendance at training. "Thug" made a brief appearance at the first, but having exhausted his supply of salbutamol, has never been seen again. Andy Jones, the 1st XI Captain, decided to end one session when he collapsed in exhaustion, or was it really because he was laughing at t'Spu's ultra-low speed press-ups?

B.J.

Rugby Club

Guy's 1st XV 0 Maidstone 26

The 1983-4 Rugby season got under way at H.O.P. on Saturday, 3rd September with the 1st XV taking on Maidstone. Never an easy team to beat, Guy's task was not helped by the absence of one or two key players. Nevertheless, Guy's began with a flurry that certainly worried the opposition. Maidstone had no possession to speak of for the first 10 minutes, and, but for an unfortunate knock-on following a tackle, Graham Meharg would have had his first try of the season. Maidstone however soon regained their composure and opened the scoring with a pushover try. Guy's lost their early advantage then and Maidstone soon capitalised with two more tries before half-time. Lack of fitness was beginning to show amongst the Guy's players but they fought well to pressurise Maidstone in the second half. Two more unconverted tries for Maidstone saw the game finish with Guy's failing to score.

Team: Lewis, Gibson, Wardell, Conchie, Keevil, Hogan, Meharg, King, Docker, Poole (Capt.), Reese, Jones, Rees, Maggs, Reynolds.

Harlow 24. Guy's 1st XV 6

The second outing of the season for the 1st XV at Harlow proved even more disappointing. This game was played on a very hard surface and despite a most promising start by Guy's, the score at half-time stood at 6-6 when Guy's should have had a commanding lead. A fine try by Andy Dowson, making his 1st team debut, was converted by Mike Hackett. The second half saw the Guy's front row, which comprised three hookers, fare poorly. This was hardly surprising since Terry Gibson played most of the game with a broken arm. Harlow capitalised on Guy's weaknesses and ran in several tries during the last quarter. Guy's general lack of discipline had been penalised severely.

Team: Lewis, Gibson, Rose, Conchie, Rayner, Hogan, Meharg, King, Docker, Poole (Capt.), Chew, Jones, Hackett, Dowson, Reynolds.

Guy's 1st XV 35.

Old Merchant Taylors 12

Saturday, 10th September must have been the anniversary of some historic Swansea event. Certainly the Swansea contingent of the Guy's team played with a

confidence they usually only demonstrate in the bar and at parties. Where does one start to catalogue this red letter day? As a member of the Race of Kings (Irish of course!) I was impressed by these improved scenes. A shaky start by the Guy's pack seemed to spell yet another defeat, but the Old Merchant Taylors had not reckoned with the right boot of our glorious leader "Modesty" Poole. I'll let him take up the story...

"Well, see, I was screaming at the pack, see, 'cos they weren't bleeding enough, see. Young Docker chucks it out to me, see, with their back row tagged on, see. Well I sold 14 dummies and side-stepped twice, see, and then when I was sure at least four people had hold of me, I dropped a goal, see. Oh, it was glorious, see, reminded me of Barry John and ... " Thank you, "Modesty" Poole.

A fine try by Barry Peters, making his 1st team debut, thus saw Guy's trail by 9-12 at half-time.

The second half saw the pack emerge as clear winners up front with Brian Keevil winning all the line-out balls and Ted Rose's hooking improving to his usual high standards. Thus the Swansea contingent came to the fore and attempted to emulate Nigel's Glory. Two tries and three conversions for St Dai Maggs, and a try and conversion for Alan "Heathcliffe" Jones were enough to silence Nigel temporarily. Two more tries for Paul "What's Quiche?" Chew and Jamie Leigh set the seal on the game and Guy's ran out winners at 35-12. It was a great comeback from Guy's with Pete Baldwin playing well in this his 1st team debut. The confidence shown by the backs was mirrored in the forwards, particularly by Lionel "Pontardawe" Lewis who felt that 70 minutes of rugby was quite enough for him. Who ever heard of K.O. 3.10 p.m.? Fitness was much improved and the back row of Hogan, King and Chew covered the pitch superbly.

Training is now in full swing on Mondays and Thursdays at H.O.P. at 6.00 p.m. Nigel Poole is 1st XV Captain, Bill Hogan captains the 2nd XV and Mick Martin is at the helm of the 3rd XV, so prepare yourself for anguished phone calls on Friday nights, especially those of you who possess the remarkable ability to stand on one leg.

Arthur Letic Hogan

Cricket Club
The Annual Reunion
The Past (Silhouettes) vs The Present
at H.O.P. on 21st August 1983

The exceptionally fine summer weather enabled the annual Past vs Present game to be re-arranged following the unfortunate cancellation in late spring, due to the rain.

A glorious late summer morning welcomed both teams to the ground. Somewhat surprisingly, Chris King managed to win the toss. His decision to put the Past into bat reflected some greenness in the pitch as well as the desire for a competitive match. In the event the wicket provided remarkable life for the early bowlers. Chris King managed to bowl five maidens in his first five overs while Charles Selmon succeeded in intimidating the batsmen with short pitched bowling. He finally succeeded in delivering a ball to Dr. Bass which lifted alarmingly into the batsman's unprotected temple (was this divine retribution? Rumour has it that Dr. Bass was playing in this reunion fixture, but having no connections with Guy's either at present or in the past!).

No wickets were actually taken until Iain Cranston showed up half an hour late. He succeeded in removing both opening batsmen but then proceeded to deliver an assortment of half volleys, full tosses and long hops.

Dr. Rees (89) and Dr. Nield (41) feasted on these like hungry wolves, adding 133 for the third wicket.

The departure of Dr. Rees after playing a very fine innings merely brought in Dr. Goodhart who was equally savage on the bowling. A couple of wickets fell close to the end of the innings and the Past declared at the rather large total of 244 for 6 wickets.

The present were left with four overs to negotiate before the tea interval. This was duly accomplished by Wiktor Zbrzezniak and Chris Pocock, but both were out shortly after tea. This brought together Iain Cranston (55) and David McGuckin (96) for the best partnership of the match. Both mastered the crafty spin bowling of Dr. Davoubhoy, and assaulted the mixture of bowlers at the opposite end.

The game turned away from the Present when Iain Cranston was out shortly after completing his half century. Although David McGuckin found able support from Chris

King for a while, the momentum of the onslaught was lost.

The game finally ebbed away from the Present when David McGuckin was dismissed four short of his maiden century for Guy's. Enough cannot be said in praise of this excellent innings and indeed of the very fine season David McGuckin has had.

Dr. Davoubhoy now annihilated the tail to finish with figures of 6 for 49 as the Guy's total extended to 218 all out, the latter order batsmen unable to produce the miracle which looked only remotely possible.

The post-match celebrations were undertaken in fine spirit, with some of the more recent Past retiring with some members of the Present to a well-known hostelry not a stone's throw away from the Hospital, after the teams had dispersed from Honor Oak Park.

Finally, all present would like to thank Mr. and Mrs. Dann for returning from their holiday to cater excellently for this nostalgic occasion; and Dr. Scott for organising and umpiring an excellent day's cricket.

2 MD Cricket Report

May Day should have heralded the first click of leather against willow for the 2 MD this year. But due to some meteorological hiccough the monsoons over H.O.P. left us all thinking that E.D. would be sowing rice on the wicket rather than rolling it, this season. Sunday 8th seemed promising Q.M.C. arrived at 1.30 and Guy's were off to a flying start by losing the toss and we were put in to bat. Openers Neil *Red Max* Goldsteinberger and Sunil Kackhanded promptly crumbled for 6 runs due to Q.M.C.'s quick seamer. This left the field open to Alan Jones and Charles Selmon. Charles flashed the blade brilliantly to secure 22 of a 30 partnership before the monsoons returned at 3.30 and the match was abandoned. Matches against the Poisons Unit (15th) and RDH (22nd) also saw watery graves prematurely so the first full match played was against the dental staff which proved highly entertaining and has already been described in this learned journal. Although, m. 'Exocet' Bellew's performance of 5 wickets for 7 runs in 9 overs should be repraised. The weather stayed dry and we retired to the bar which, thankfully, didn't! A victory for the students by the narrowest of margins. In the next 2 matches the intrepid band were faced by St. Thomas' 2nd XI.

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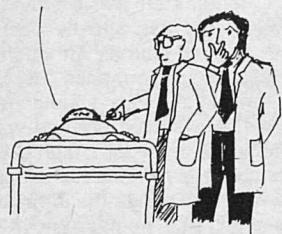
WELL DOCTOR HOW
SERIOUS IS IT?

PLEASE—TELL
ME!

YOU PROMISED.

PRETTY
SERIOUS—AWFUL

YOU WERE RIGHT, IT IS
SERIOUS—I CANNOT BEAT
ANYONE AT NOUGHTS AND CROSSES.



Using his vast experience of the home wicket our leader won the toss and elected to take the field. Mike 'Exocet' Bellev produced yet again some stunning bowling taking 3 wickets for 5 runs in 8 overs and Raj Joshi taking 3 for 10 in 6 overs. Thomas' bumbled for 68 with their second top scorer being someone called Extras who managed 19. The heights of the innings were Dave 'Joel' McGherkin's blood curdling appeals for L.B.W. – from square leg (!!) and Raj Vermouth running away from a catch at mid-on and then courteously stepping aside so that the ball could amble unhindered to the boundary. Following tea Dave 'Joel' McGherkin and Raj Vermouth opened the batting.

Raj was immediately given out L.B.W. by an unnamed umpire (sorry Raj!) and batsmen 3, 4, 5 and 6 promptly collapsed for 4 runs. D. J. McG. careered on to reach a magnificent 59 not out (with 11 boundaries) and clinch a home win. Afterwards Wictor had invited M.P.S. reps to sell their wares (and donate a few liquid thingies) to the players – thanks Wictor. At 12.30 the following Sunday the boys (+ girls) left Guy's en route for Cobham. We picked up Exocet jaywalking on the Kingston Bypass and headed in convoy to the ground. Tommies wanted blood but the superior tossing skill of our leader gave Guy's the field in back-blistering heat. Yet again the sylph-like forms of Exocet and Raj Joshi took their tolls in the bowling figures and Tommies were all out for 107. With the confidence of our newly found mega-star Raj Purwah, Guy's took to the crease with fervour. The team was looking more like the Pakistan reserves with 3 Raj's, Sunil Kackhanded, a couple of tanned medics and one very clinical bacteriologist!

Raj Purwah was bowled on 25 by the Tommies captain which left the burden of run responsibility to Exocet who proceeded to score a very cool 26, despite the heat. Unfortunately there was a very late order collapse and despite being a much more handsome side (except for Ed 'Flowerpot Man' Rytina) we suffered defeat by a mere 13 runs. On returning, scrubbed and clean behind the ears, we found the M.P.S. reps again?!? and the Pimms flowed. We were thoroughly trounced in the next match by Crofton Park as half the side were suffering from finals. Only 5 of the players had justifiable (if tenuous?) links with Guy's at all. But

realising our weakened state Dickie D. tactically won the toss and elected to take the field. Crofton Park declared at 140 for 8 and we adjourned for tea to draw straws to see who would open. Our hopes were pinned on the batting prowess of Raj Purwah but their opening bowler Thomas took our first 5 wickets for only 15 runs. Guy's were bowled out for 33 and we scurried back to the bar.

On 3rd July the dental staff returned for more punishment. The students took their traditional place at the crease first with Dave 'Joel' McGherkin and M. Powell opening. D.J. and Mick put on a 27 partnership when D.J. was clean bowled by Graham Owen on 15. Two overs later Red Max Goldsteinburger went the same way on 3. By this time Sarinda Singh, having bowled 4 overs, handed the little red leather object to Raj Joshi (playing against the 2XI!) who C & B'd Tim Bryant without delay. Unfortunately Exocet and Alan Jones both conceded ducks (not ducts, Jill!!) making the students on 49 for 5. Dom Cox entered and in an unfortunate mix up over a quick single M. Powell was run out on 22. One run later Dominic faced a delivery from Raj Joshi that cut in sharply and whipped off his bails, poor man. This left the present Captain and Colin 'Smasher' Buchan at the crease. Both were dismissed after amassing 17 between them leaving the vice-captain, on his second visit to HOP this season, and faithful Sunil Kackhanded to bring up the rear. Sunil quickly slogged his way to 9 (with two boundaries and a single) before being caught after dabbing outside the off stump at a delivery from G. Owen. Students, 86, all out at tea. Graham Owen bowled 14.2 overs and a magnificent 5 wickets for 26 runs. Raj Joshi took 3 for 5 in 8 overs. After tea the staff stepped into the firing line of Exocet Bellev. In the first over Jones was taken at silly point by Sunil (very brave) and in his second over Exocet gave catches to Tim Bryant and a lovely one-handed catch whipped from the air around 1st slip by Alan Jones, keeping. To complete his hat-trick Mike took Mr. Portelly in his first delivery. Graham Owen entered to stop the rot as the staff were crumbling at 5 wickets for 15 runs. He made 44 (with six boundaries) before being bowled by Dom Cox.

The change of bowling to Cox and Powell proved fruitful with M. Hodge, R. Joshi, S. Singh and S. Challacombe going

down for 8 runs. The bowling figures were as follows: M. Bellew 4 for 20 in 5 overs, D. Cox 3 for 6 in 5.1 overs and M. Powell 2 for 7 in 3 overs. The supporters were thoroughly entertained with the thrill a minute stuff and our thanks go to Mr. Sheppard for umpiring.

The following Sunday saw the 2 MD in a life/death struggle against St. Christopher's. A separate, and totally unbiased, account has been produced but "for the record" the 2 MD were all out for 109 with a magnificent 83 not out from Raj Purwah and a superb collapse by the rest of the side. St. Chris' scored 111 for 7 and we adjourned to the bar with R.H. still complaining of "phantom limb" pain. The only sobering thought to emerge from the game was what heights the 2nd XI could have reached this season if all the untapped talent in St. Chris' had come forward and played? Sigh. Such is life!!

The final match of the season was the team's crowning glory. After winning the toss and electing to bat D. J. McGherkin and yours truly opening up a 25 partnership before Dickie D. was caught on 11, trying to smash the ball over mid wicket and failing miserably. Enter Exocet to score 16 and Jagsi to hit 2 boundaries in his "3 minute hero" innings. The team was 115 all out and were in high spirits at tea. Raj Joshi and Exocet opened the bowling for Guy's with earth shattering effectiveness. Raj took 7 wickets for 31 and Mike 2 for 31. Exceptional catches were taken by Alan Jones (wicket keeper) and Mike Bellew at 1st slip. Crofton Park were all out for 82 giving Guy's a win by 33 runs.

Thirty people played this season. Seven games were played of the arranged 11. Four won and three lost with one abandoned.

AVERAGES – Top Four

Bowling	Rn	Wk	Ov	Av
1. M. Bellew	69	16	36.2	4.02
2. R. Joshi	105	17	38.4	6.03
3. D. Cox	68	9	23.1	7.06
4. M. Pasola	93	6	27	15.05

Batting

1. R. Purwah	54.5
2. D. McGuckin	36.8
3. M. Bellew	10.5
4. C. Dickinson	7.0

Brian Wildeebeast earned the bogey for playing three times and not scoring once this season – but that could just be hearsay!

Good luck to B.J. next season. **D.D.**

**A Message to all Weaklings!
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This message applies to all, old and new alike. No experience necessary, but would be welcomed.

We have not been without success this year. We won events in the U.H. Winter Regatta and the U.L. Head of the River! We have also participated in numerous other events with less obvious successes. A plucky crew will be competing in the Boston Marathon soon, and we hope to have a report ready for the next copy of the Gazette . . . Adrian?

The club rows from Chiswick and is fully equipped with VIII's, IV's, a Pair and soon to be launched two Sculls. If any of you are interested then just leave a note for me in the club pigeon hole, look out on the notice boards and await results! I look forward to hearing from you.

M. Fleminger (Capt.)

Badminton Club

I would like to take this opportunity to welcome all Freshers and wish them the best of luck. Since all students at Guy's automatically become members of the Badminton through membership of the Clubs' Union, I hope that many of you will participate in the coming years.

The game is played at Guy's at both competitive and non-competitive levels. Practices are held on Monday evenings at the splendid facilities of the Elephant and Castle Sports Centre just 10 minutes away, as well as at the Pavy Gym on Wednesday afternoons. The Club has three teams: a Men's team in the Intermediate League; a Women's team in the Premier League; and a Mixed team which won the Premier League last year.

For more details please leave a note in the Badminton Club Pigeon hole, or get in touch with me via the blackboard. Our first practice session will be held in the Pavy Gym on the Wednesday of Freshers' Week, confirmation of which will be posted in Boland House.

Mohamed Dewji

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Hospital Information

PAPERS BY GUY'S MEN

Amlot, P. L., Slaney, J. and Brown, R. Atopy — a favourable prognostic factor for survival in Hodgkin's Disease. **British Journal of Cancer**, 1983, **48**, 209.

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Jarrett, R. J. Acute myocardial infarction and pre-existing diabetes. (Correspondence.) **Lancet**, 1983, **2**, 451.

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Widdop, B. and another. New devices: drug convertarule. (Correspondence.) **British Medical Journal**, 1983, **287**, 688.

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Miss A. R. Astbury
Mr. A. J. Auer
Mr. T. Baholyodhin
Mr. A. H. Barltrop
Mr. N. J. P. Beasley
Mr. A. Biswas
Mr. C. B. Boardman
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Miss S. L. Brittain
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Mr. D. Campbell
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Mrs. J. E. Caul
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GUY'S HOSPITAL House Appointments commencing 1st August 1983 to 31st January 1984

HOUSE PHYSICIANS

Dr. Scott/Prof. Clark/Dr. Grahame/Dr. Cochrane
Dr. N. D. Karanjia to 31.1.84
Dr. P. G. D. Smith to 31.1.84
Prof. Lessof/Dr. Staffurth/Prof. Keen/Prof. Dowling/Dr. Sladen
Dr. J. H. C. Evans to 31.1.84
Dr. V. H. F. Mak to 31.1.84
Dr. D. D. Lubel to 31.1.84
Prof. Trounce/Dr. Knight/Dr. Grimble/Dr. Panayi/Dr. Rubens/Dr. Harper
Dr. A. D. Edwards to 31.1.84
Dr. A. J. Barnicoat to 31.1.84
Dr. S. A. Rasbridge to 31.1.84
Dr. Joiner/Dr. Hicks/Dr. Gibson/Dr. Maisey
Dr. P. H. Evans to 31.1.84
Dr. Y. M. P. Chan to 31.1.84
Gen. Med. (Dr. Scott/Prof. Clark/Dr. Grahame/Dr. Cochrane)/Geriatrics
Dr. W. M. C. Rosenberg to 31.10.83
Dr. M. A. Crook to 31.1.84
Geriatrics/Gen. Med. (Dr. Scott/Prof. Clark/Dr. Grahame/Dr. Cochrane)
Dr. M. A. Crook to 31.10.83
Dr. W. M. C. Rosenberg to 31.1.84

HOUSE SURGEONS

Mr. Ellis/G.U. Surgery (Mr. Kinder)
Dr. R. P. H. Logan to 31.10.83
Dr. Dr. S. J. Fletcher to 31.1.84
G.U. Surgery (Mr. Kinder)/Mr. Ellis
Dr. S. J. Fletcher to 31.10.83
Dr. R. P. H. Logan to 31.1.84
Mr. Rendall & Dr. Tong/G.U. Surgery (Mr. Flannery & Mr. Joyce)
Dr. D. Watson to 31.10.83
Dr. R. W. Groves to 31.1.84
G.U. Surgery (Mr. Flannery & Mr. Joyce)/Mr. Rendall & Dr. Tong
Dr. R. W. Groves to 31.10.83
Dr. D. Watson to 31.1.84
Mr. O'Flynn & Dr. Winter/Thoracic Surgery
Dr. N. Beechy-Newman to 31.10.83
Dr. M. J. Iredale to 31.1.84
Thoracic Surgery/Mr. O'Flynn Dr. Winter
Dr. M. J. Iredale to 31.10.83
Dr. N. Beechy-Newman to 31.1.84
Professor McColl/E.N.T. (Mr. Shaheen)
Dr. M. C. Hoskins to 31.10.83
Dr. T. D. Houlding to 31.1.84
E.N.T. (Mr. Shaheen)/Professor McColl
Dr. T. D. Houlding to 31.10.83
Dr. M. C. Hoskins to 31.1.84
Professor McColl/E.N.T. (Mr. Hibbert & Mr. Douek)
Dr. P. C. E. Sartori to 31.10.83
Dr. A. J. Copp to 31.1.84
E.N.T. (Mr. Hibbert & Mr. Douek)/Professor McColl
Dr. A. J. Copp to 31.10.83
Dr. P. C. E. Sartori to 31.1.84
Mr. Maynard/Orthopaedics (Mr. Henry)
Dr. A. R. Emerson to 31.10.83
Dr. M. L. Gothill to 31.1.84
Orthopaedics (Mr. Henry)/Mr. Maynard
Dr. M. L. Gothill to 31.10.83
Dr. A. R. Emerson to 31.1.84
Mr. Beard/Orthopaedics (Mr. Laurence & Mr. Spencer)
Dr. B. Easby to 31.10.83
Dr. L. E. Pollock to 31.1.84
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Dr. L. E. Pollock to 31.10.83
Dr. B. Easby to 31.1.84
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Dr. C. W. Barras to 31.10.83
Dr. F. G. Johnston to 31.1.84
Orthopaedics (Mr. Watson)/Professorial Unit
Dr. F. G. Johnston to 31.10.83
Dr. C. W. Barras to 31.1.84

Professorial Unit/Orthopaedics (New Cross)

Dr. S. Rastogi to 31.10.83

Dr. D. N. Horn to 31.1.84

Orthopaedics (New Cross)/Professorial Unit

Dr. D. N. Horn to 31.10.83

Dr. S. Rastogi to 31.1.84

CHANGE OF ADDRESS

JUNIPER, R. P.—Court House, Toot Baldon, Oxon, OX9 9NG.

BIRTHS

THEAKER. On August 29th, in Oxford, to Jane, (née Sladden) and Jeffrey, a daughter, Victoria Clare Eugenie

STEPHENS. To Chris and Sue (née Hayhoe), a daughter Lucy Clare, on 31st August at B.M.H. Munster, a sister for Charlotte.

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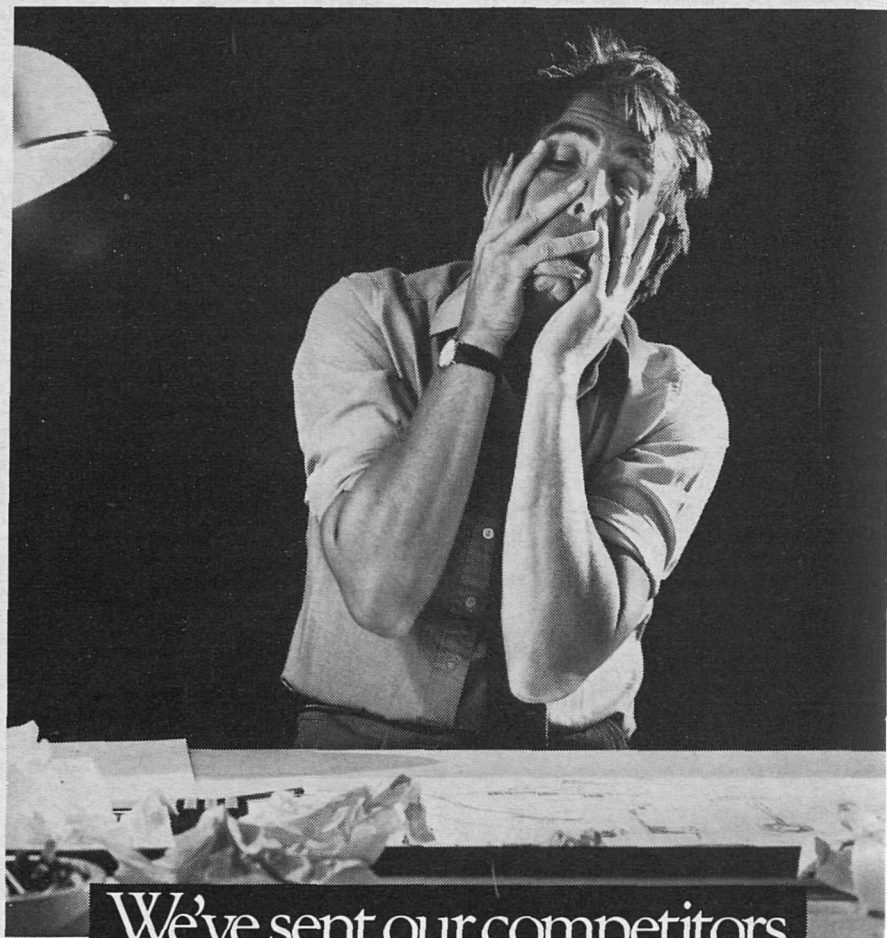
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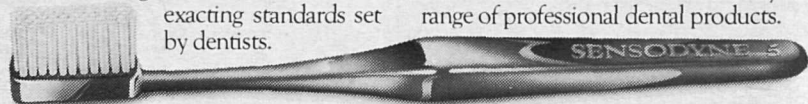
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Guy's Hospital Gazette

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Guy's Gazette

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on behalf of
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16th DECEMBER, 1963

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Fortress Guy's?

The major political issue of the day would appear to be that of public spending cuts, especially in their relation to the National Health Service. The present government would seem to have stirred a hornets' nest of considerable magnitude by their decision to force painful cuts in the manpower of one of our most cherished national institutions. The choice would seem to lie between cuts in income tax and the promise of adequate health care. The South East Thames Regional Health Authority and the District Management Team are presently faced with the unenviable task of deciding in which areas the blow must fall.

Guy's must inevitably be affected and many of our readers will already be acquainted *via* the national media of the temporary closure to patients of our renowned specialist paediatric facilities; other areas have been affected in a piecemeal and apparently blind manner. Far be it for the author of this column to add to the gloom by cataloguing the restricted facilities – although the situation would appear, superficially, infinitely depressing. Looking back through *Gazettes* of latter years, the argument of 1946/1947 that joining the N.H.S. would eventually result in placing our heads in a financial noose seems if not wry, at the least curious and, of course, prophetic.

Still, the previous Government forced a rationalisation of teaching hospitals in London. Consequent to the Union of Guy's and St. Thomas's and the amalgamation with the Royal Dental School, Guy's has become part of one of the biggest centres of undergraduate and postgraduate medical studies in Europe. Thanks to the sagacity of the Deans of all the London schools, far from the rôle of Guy's as a teaching institute being cut, it has expanded and in such a manner that the continued existence of the United Schools would seem guaranteed for the foreseeable future. The specialist facilities that necessarily go hand in hand with the teaching of students ought also to survive, making Guy's a near unassailable centre of excellence. Our compliments are extended to the Deans for their wise choice, most especially to Dr. Houston and Professor Tulley, who have navigated Guy's through turbulent waters indeed.

Looking through the other end of the telescope, the effects of the restrictions to the block grants available to individual departments must seem at the least uncomfortable, if not painful. Taking the broad perspective, however, it would appear that Guy's has the opportunity of great strength, subject to the proper consultation with, and wisdom of, those administrators who must decide where the cuts fall. Let us hope that our managers may show their quality and grasp the opportunities presented by the Deans.

If we work together towards this end, Guy's may even emerge stronger from the fray although such would appear questionable at present.

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News in Brief

Mr. A. H. Burfoot

Our heartiest congratulations to Mr. A. H. Burfoot whom, we have belatedly heard, was made a Freeman of the City of London some months ago.

Dr. S. J. Challacombe

Our compliments are extended to Dr. Stephen Challacombe, who has been appointed Sub-Dean of Dental Studies. Dr. David Brown continues as Sub-Dean for Dental Admissions.

Guy's Hospital Society: Bournemouth and Wessex

The Twenty-Eighth Annual Dinner of the Society will be held on Friday, 4th November, 1983, at the Durlston Court Hotel, Gervis Road, Bournemouth. Dr. J. P. Lee-Potter will be in the chair. The Guest of Honour will be Prof. J. S. Cameron. The dinner will be at 8.00 p.m., preceded by the A.G.M. at 7.30 p.m. Dinner jackets will be worn. The cost of the dinner is £8.00 and this hotel always provides a good meal. Tickets may be obtained from E. Archard, Honorary Secretary, 1 Beechwood Avenue, Boscombe, Bournemouth, BH5 1LX.

Historic Films and Tapes of Guy's in the Period 1940-61

There will be an opportunity to see a number of historic films of Guy's on Monday, 7th November at 1 p.m., Dental Museum, Floor 27, Guy's Tower. The films include: *"Guy's in Wartime"* (including Russell Brock and Emily MacManus), *"Laying the Foundation Stone for New Guy's House in 1958"* – audio tape (extracts), *"Her Majesty Queen Elizabeth II, Opening New Guy's House, 1961"*. And then, if time, *Pathé Pictorial Film* (circa 1954), *Dental Film* (circa 1955). The programme has been organised by David Robinson, Robin Ellis, Sue Bruley and Harry Burfoot. Admission Free!

The Friends of Guy's Hospital

A monthly stall organised by The Friends of Guy's Services Committee has been held in the grounds of Guy's since July, and has proved most successful. In future it will be held on the first Thursday of every month.

The Christmas Stall will be held from Monday, 5th December until 9th December inclusive. The Friends would be most grateful for any saleable items which would enable them to raise much needed funds for the Hospital. Please contact Mrs. M. McGlone, Honorary Secretary, c.o. The Friend's of Guy's.

Physiotherapy Students – Sunday Times Fun Run

Five teams were entered and four of them finished – in 204th, 459th, 565th and 1094th places out of the 1846 participating. Regrettably, Ronald's Runners, last year's heroines, seem to have got lost somewhere on the course!

Tickets for the Greenwood Theatre

The B.B.C. have informed us that tickets for all television and radio audience shows may be obtained from the Ticket Unit, B.B.C. Broadcasting House, London, W1A 4WW. The Unit apologizes to those who have been unable to obtain tickets from the Greenwood Theatre stage door; this is because only a limited number are sent there for distribution and demand has greatly exceeded their supply.

Quodlibet Society

The Quodlibet Society annual wine-tasting was held on Thursday, 13th October in the Robens' suite. A superb evening was marked by crates of assorted German wines from the Rheinhessen region and platefuls of bread and cheese. This was interrupted only by a wealth of information about how to taste and select German wines (with style). The wine was supplied by Arbottles and although the evening was not cheap at £5 it was well worth the cost for so much high quality wine.

The next meeting of the Quodlibet Society will be held on Wednesday, 9th November, at 5 p.m. in the Harris Physiology Theatre in the Medical School. The Guest Speaker will be Simon Hughes, M.P. for Southwark and Bermondsey. All staff and students are welcome.

Department of Biochemistry Seminars

Wednesday, 9th November: *Attempts to characterize the toxic peptide in coeliac disease*, Dr. Ciclitira, Department of Gastroenterology, St. Thomas's Hospital.

Wednesday, 23rd November: *Metabolism of selenium in cultured fibroblasts*, F. A. Chaudhry.

Wednesday, 7th December: *Travels with "Iron" posters in the East*, Dr. R. Evans.

Seminars will be held at 1.15 p.m. in the Departmental Library. Participants are invited to bring their own refreshments if they wish.

Drinkwatchers

Mr. Geoffrey Ramin has brought to our attention the formation of a Drinkwatchers group at Speedwell Day Hospital. Drinkwatchers is an offshoot of Accept (a voluntary organisation for the treatment of alcoholics providing a service of education, prevention and treatment in the community). See page 401 of this issue.

Most of the programme occurs in a group setting, the groups being led by Accept trained counsellors. They are planning to hold a training session for prospective counsellors in the Guy's area in the near future. If you have any useful ideas, or would like further information about the programme and the training session, you can contact Mr. Ramin at this address: Boland House, Guy's Hospital.

October 1964 Nursing Set

We have been informed of a reunion of the above set to be arranged next October (1984), to celebrate the 20th anniversary of the set, at Nutfield, Surrey. If you are a member of this set or know the whereabouts of anyone who is, please contact either:

Elizabeth Fentiman (née Johnson), 30 Fair View, Alresford, Hants. Alresford (096273) 4821; or

Tricia Wrigglesworth (née Truscott), The Yews, 21 Hillside, New Barnet, Herts. 01-440 2545.

DATES FROM THE MEDICAL DIARY

November

Mon. 14—Examination for the M.B. B.S. Part IV begins this week.

Mon. 28—Examinations for M.B. B.S. Parts V, VI, VII and VIII (resits) begin this week.

December

Mon. 5—Examinations for the M.B. B.Chir. (Cambridge) may begin this week.

DATES FROM THE DENTAL DIARY

November

Mon. 21—Third B.D.S. Examination, Parts I, II, III, IV and V begins.

December

Mon. 5—Applications close for the Final L.D.S. Examination, Parts I and III.

Obituary

John Frederick Pilbeam, L.D.S., D.Orth., F.D.S., R.C.S. (Eng.).

Jack Pilbeam died peacefully at his home in Langton Green on 3rd September, aged 85 years, after many months of illness he had so bravely fought. He was laid to rest near his church at Bidborough on 9th September, which would have been his golden wedding anniversary, in the presence of a large number of relatives, friends and colleagues, including representation from the British Dental Association, Guy's Hospital, the Royal College of Surgeons of England, the British Association of Oral and Maxillo-Facial Surgeons and the British Society for the Study of Orthodontics.

After service in France and Italy with the Honorable Artillery Company, Jack studied dentistry at Guy's Hospital. On qualifying in 1922, he was appointed House Surgeon in the Children's Department, at the conclusion of which he set up practice in Tonbridge. Working with children had captivated him and he decided to take up whole time work in the School Dental Service in Croydon, becoming Senior School Dental Officer following Mr. W. G. Senior. Jack's work and a flair for administration and organisation led to his appointment to the post of Senior School Dental Officer in the County of Middlesex.

In the late forties, the proposed National Health Service attracted Jack's attention and thoughts about establishing departments of dental, oral and maxillo-facial surgery in all large hospitals on the pattern of Redhill (and later Edgware General) Hospital, a prototype hospital which had already a successful department for 20 years. He believed this could be attained quickly with the immediate availability of Dental Officers of Health, whom he

considered potentially suitable. He organised a meeting of the Dental Officers Group of the Society of Medical Officers of Health in December, 1947, at the London School of Tropical Medicine, persuading Dental and Medical Officers from the Ministry of Health to attend along with the Middlesex and London County Council Medical and Dental Officers of Health, Secretaries from the B.D.A. and B.M.A. and others likely to be interested in a National Health Service and the need for Hospital Departments of Dental Oral and Maxillo-Facial Surgery.

At the inception of the National Health Service, Jack was appointed Senior Hospital Dental Officer at Barnet General Hospital. With his past experience, he was a great help to the Region's Chief Medical Officer and he was, in effect, the administrator of hospital dental services in his region and was appointed consultant.

In a long and active career, Jack was elected to many senior and influential appointments in the British Dental Association and other professional societies. In 1933, he was appointed Honorary Secretary to the Dental Group of the Society of Medical Officers of Health. His initiative in recruiting new members demonstrated his ability and made the Group a powerful arm that was to forge the Dental Whitley Council on which Jack's heart was set.

As Honorary Secretary to the Public Dental Officers Group, he was always casting his mind to the future and welcomed the coming of the National Health Service with its expanding possibilities for the dental profession and was in the very centre of the negotiations that shaped the original scheme. In the same way, he was instrumental in persuading the British Society for the Study of Orthodontics to set up two committees to investigate the incidence of orthodontic need among children in the United Kingdom and the number of whole time orthodontists who would be needed to meet the demand for orthodontic treatment.

He was a founder member of the Hospitals Group of the British Dental Association and as Honorary Treasurer seemed to be a prominent member of the Group Committee until his resignation two years ago, because of ill health.

He served as President or Chairman of all these organisations following long periods as Honorary Secretary. His was the voice of reason and a guiding hand through crucial times. His reward, the esteem of his fellows in such honours as they could bestow, the Fellowship in Dental Surgery and the Diploma in Orthodontics of the Royal College of Surgeons of England and Life Membership of the British Dental Association and the British Society for the Study of Orthodontics.

Jack's record of public service was outstanding.

Jack appeared to have an insatiable appetite for administrative work for which he felt he had a special aptitude, which he could use for helping others in many organisations too numerous to mention. He took up golf after his first love, football, but his favourite game was cricket and he was an ardent supporter and member of Kent County Cricket Club.

His other relaxation, shared with his wife, was his garden in which there was always a thick array of fruit, vegetables and exotic shrubs and flowers. He adored the relaxation of the Music Hall in its heyday and frequently persuaded one of us to join him at the end of a conference at the "last house" of the week at the local theatre.

So has passed a colourful and friendly colleague who will be greatly missed by his many friends and colleagues. To Frances who gave Jack unending, unselfish and marvellous support, enabling him to cope with so much public work, we extend our deep and sincere sympathy.

A.G.T. and J.A.H.

Clubs' Union News

In the lull after Freshers' Week, life is getting back to normal, and Clubs' Union affairs mainly consist of catching up on routine business, and planning the social events for the rest of the term – we hope that every Friday will have a function of some sort, and details will be posted around Guy's. Snowflake time is drawing near. Remember it's on the 18th November; tickets have been selling well, so if you still wish to come, buy your tickets now!

The Freshers' Week activities were certainly well attended, and I hope we can maintain the same level of interest throughout the year. Thank you to all who helped, and all who came. As the famous (infamous?) Eugene Bore pointed out in his last epistle, it was a shame that we entered the week with no elected Bar or Social Secretary – by now, that situation has been rectified and we are looking forward to the next annual elections in January.

Those elections are not as well supported as we should like: only one candidate stood for each major post last year. Why should this be? Probably the main reason is that people feel the jobs take up too much of their time, and the loss of our Bar and Social Secretaries this year does little to dispel that view. I wrote in the last edition about the possibility of having a sabbatical officer; further probing in the matter reveals that for several reasons at the moment, not least financial, it is not possible to have a full time paid officer – so what are the alternatives? Well, greater participation by a larger group of people would be a start; there is a bar committee and there is an entertainments committee, and members will be asked to become more involved and more aware of the overall situation regarding these two difficult areas. We shall also appoint Assistant Secretaries for both positions, to *share* the workload while the main Secretary is at Guy's and to take over while he/she has to work away from the Hospital.

It is not the ideal solution, but I feel it is a step in the right direction. One of the main solutions is to be aware of the problem we are now. I hope

prospective candidates are too. If you have trouble with exams, be cautious about taking on such responsibilities, and if worries start to arise, don't be afraid to delegate.

Posts on the Clubs' Union Council are very rewarding: the past year has given me endless opportunities to meet people, go places and take part in an overwhelming variety of activities. It can be great fun – but the good times mustn't be allowed to mar the rest of your life at Guy's.

With things put in better perspective, let's hope we can assemble a committee for next year as strong as the one I am currently working with.

Simon Ward

Henry Taylor: Doctor To Basuto, Boer and Briton, 1877/1906

by D. K. C. Cooper

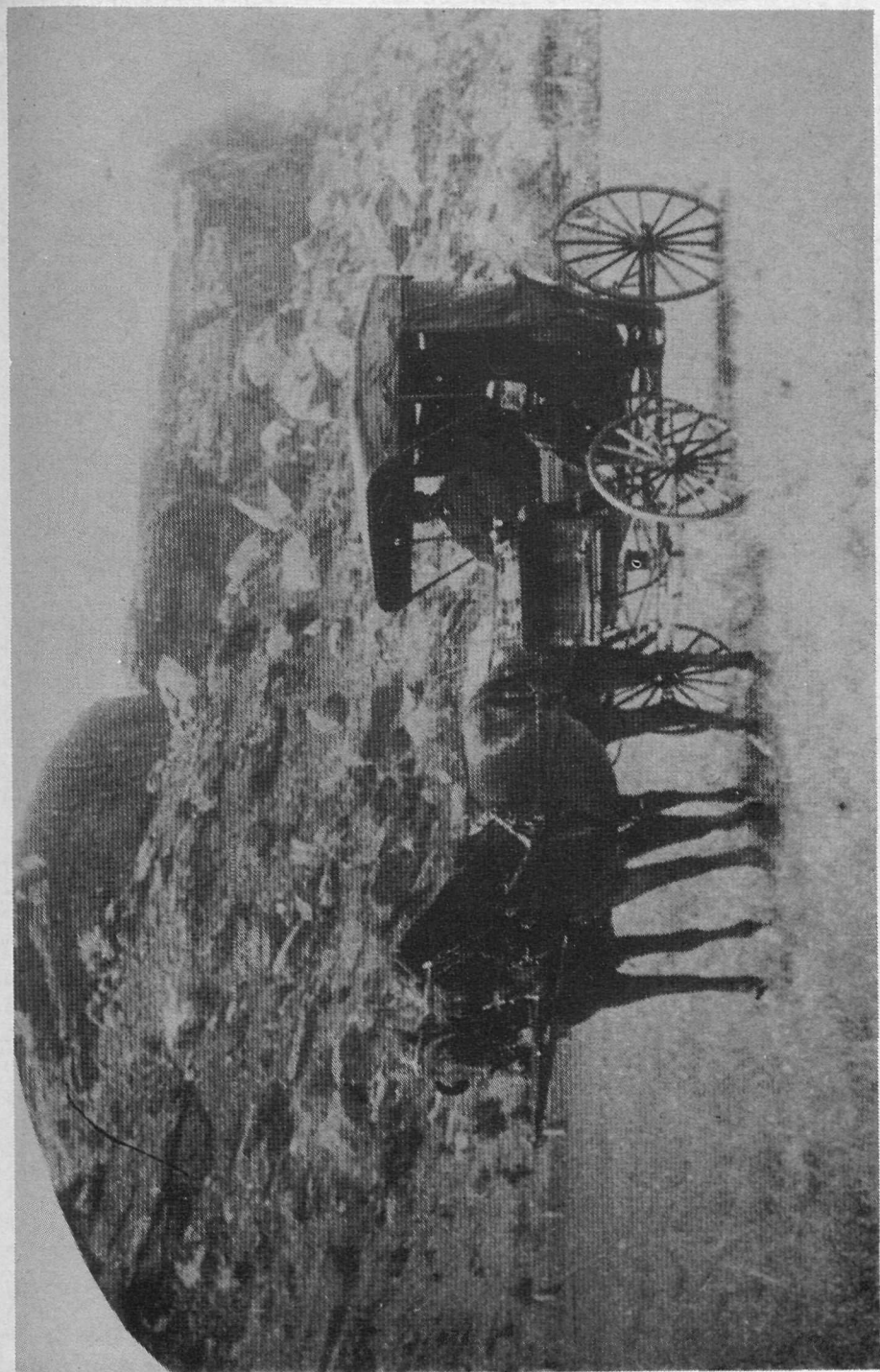
The Boers

His first impression of the Boers was unfavourable, and he looked upon them as *"a nation of uncouth, illiterate peasants, with many habits and customs utterly repugnant to European ideas of cleanliness and propriety. They appeared ignorant of what was passing in the great world outside their own borders, prejudiced to the last degree, and slavishly subject to the dictum of their clergy."* But it had to be borne in mind that they had spent the previous 20 years in a desperate struggle to keep themselves alive, fighting not only with the elements and land to obtain enough food, but also with the native tribes on their borders.

In time, however, Dr. Taylor came to recognise that they had many excellent traits which went far to redeem them in his eyes. They were hospitable to the last degree, though they lived simply in comfortless, bare houses, where, apart from the Bible and some hymn books, not a scrap of literature could be found. He described a typical visit to such a home:—

"When I have done what is necessary for the patient, supper is announced; I am asked if I would like to wash my hands, and am shown into a room for that purpose. There are eight or ten Boers in the room, who have already washed their hands in the same water, and wiped them on the same towel. The small quantity of water in the basin is dyed a dull black from the previous ablutions, and the towel is a good match for it in colour. Then we all file into supper. At Boer meals the men all eat first, the ladies standing behind them and attending to the service of the table, and when the men have finished the ladies sit down to their meal at an untidy table strewn with the remnants of the men's repast.

Some ten or eleven of us sit down to supper. On the table is a jug of water and one tumbler: No. 1 takes a drink of water, and then passes jug and tumbler on to No. 2 who helps himself, and so the jug and glass go



round. Supper on this occasion consists of a loaf of bread and a plate of lard. A long sonorous grace is first said by the host; with bowed heads we all fervently thank the Lord for the food provided and then fall to. Each man in turn hacks off a slice of bread, smears some of the lard over it and silently passes bread, lard and the greasy knife to his neighbour who does the same till all are helped.

Supper over, we all again fervently thank the Lord for what we have eaten and the ladies sit down to have their meal. We are served with a cup of coffee all round, and the host takes the plate with what was left of the lard and uses it to grease the axle of his cart.

There being no bed available, I spend the night sitting on a box in the sitting-room, frozen to the bones, as it is midwinter and there are no fires in the house."

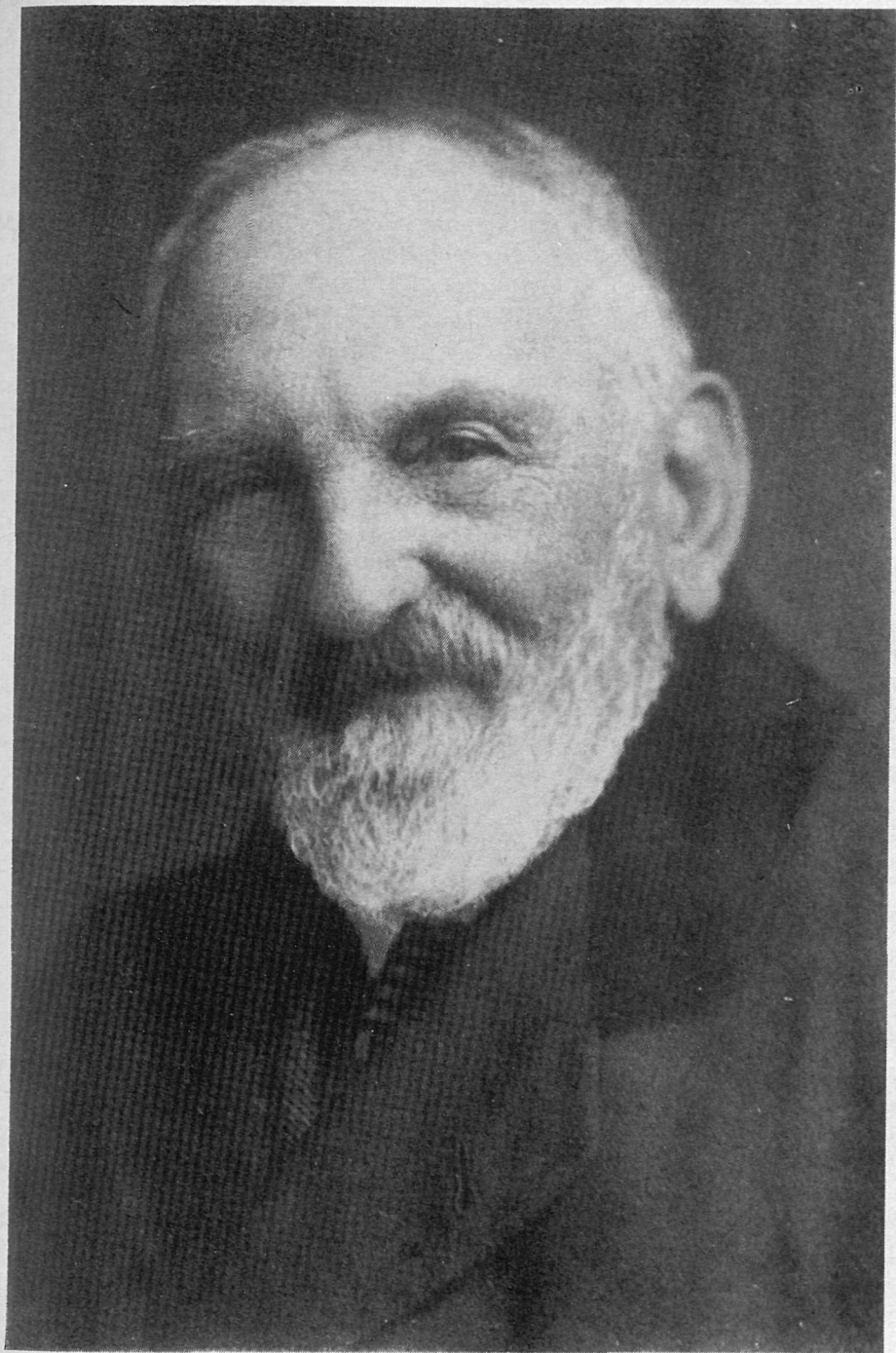
When there was sickness in the home, friends and neighbours would congregate there and he would sometimes find up to 40 visitors in the sick room, all recommending different remedies, some of which were quite bizarre. In cases of inflammation of the lungs, the stomach (with its contents) of a freshly killed goat would be tied to the patient's body, or a frog to his chest; when difficulties arose during childbirth, the woman would be taken out of bed, placed on the floor, and rolled rapidly up and down like a barrel till she obtained relief – or died!

He was appointed district medical officer for which he received a small salary of £65 a year for attendance on the prisoners in the jail; all other services were paid for as extras on a fixed and liberal tariff. One year, when general vaccination of the whole district was ordered, his official fees amounted to £1,200. He also continued to perform all medical services in the Leribe district of Basutoland, riding over for that purpose when requested by the authorities there. With this substantial income he prospered, buying two farms covering 3,500 acres.

However, he had many vicissitudes to contend with; locusts, hailstorms with stones larger than walnuts, drought, and lice were all problems from time to time.

Though there was considerable hatred between Boer and British, this did not affect him personally very much, mainly as the Boers felt it was *"more to my misfortune than to my fault that I was born an Englishman"*, but also because the State President had paid him the compliment of making him a Justice of the Peace, a rare honour to be bestowed on an Englishman. The failure of the Jamieson Raid in 1896 increased the racial tension in the district, the English language was no longer used officially, and all the men began to carry rifles. By 1899 he was the only English member of the municipal council.

His long journey home was memorable and not without incident. While in Delagoa Bay (subsequently Lorenzo Marques and now Maputo) he witnessed a review of all the native tribes under Portuguese rule, arranged in honour of the Duke and Duchess of Connaught who were on a visit. This took place on a vast level plain backed at one end by densely wooded hills. *"Down from these hills there slowly emerged regiment after regiment of native*



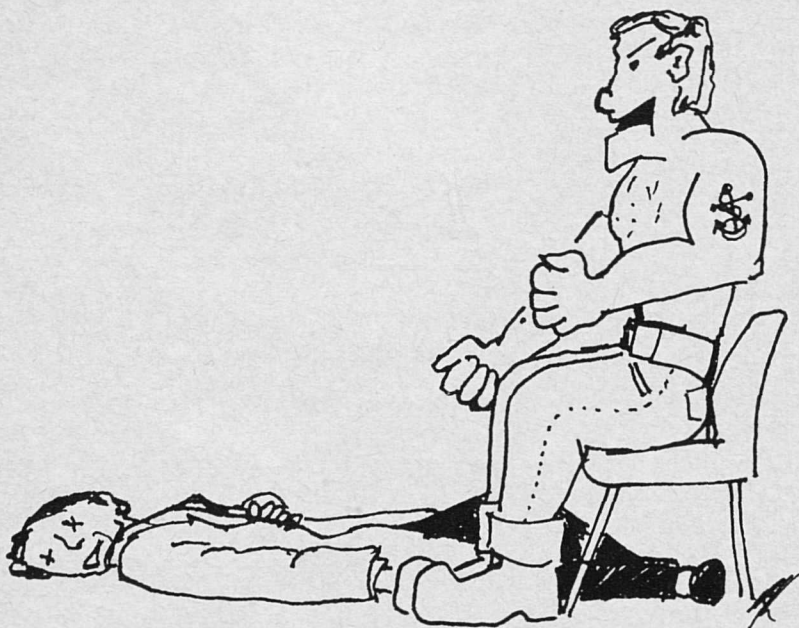
Dr. Henry Taylor in his retirement

warriors, all naked and carrying their weapons, their chiefs all dressed in leopard skins. Slowly and without a sound they debouched from a wood on to the plane, thousands succeeding thousands, till some 20,000 of these savages were massed on the level ground in front of us. Suddenly 20,000 assegais** were raised in salute and the whole body uttered loud cries of greeting to the Duke and Duchess; then regiment after regiment filed past the stand, each body of men raising their assegais and beating on their shields as they passed, accompanied by native music played by a band of some 150 performers on curious native instruments. After this they slowly and silently melted away into the woods from which they had come, till the vast plane was again a solitude. It was one of the most impressive scenes I have ever witnessed, made more impressive by the silence in which this large army came and went. Everyone drew a deep breath when they had finally departed."

** spear or lance

Caption Competition

Entries are invited for a suitable caption to the cartoon below. The best submissions will be published in the Christmas issue of the *Gazette*.



Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

Dental Society – Presidential Address

The 1983/84 programme of meetings began on Thursday, 6th October in the Harris Physiology Lecture Theatre. After a short wait, to enable members who had gone to the Tower Lecture Theatre by mistake to be rounded up and redirected, Mr. R. C. Bret Day, in his usual good humoured and witty way, introduced the new President, Professor M. N. Naylor, wishing him well and making reference to his early career as a history student followed by service in the Royal Navy, all this before he started on a dental course.

Professor Naylor's address was largely autobiographical, but with an appropriately historical slant. He first came to Guy's when he was Student President of the B.D.S.A. and found himself invited to Clinical Day and its Dinner, and later on in the year to the Dental Ball, which in those days was held in November. He was sufficiently impressed by these functions and by his reception at Guy's that, when the opportunity arose, he replied to an advertisement for a research fellow in the Department of Dental Medicine under Professor Martin Rushton, who was at that time one of the few British Dental Scientists with an established world-wide reputation. The department was fortunate to have been rehoused in a new purpose-built extension of the old Dental School, over the George Inn Yard.

That period was one of great expansion of academic activity in dental education in this country. Many new teaching and research appointments were being created; Guy's was hampered by the physical confines of the old building. Adjoining buildings were taken over and sundry huts appeared on rooftops. He recalled the setting up of the Clinical Research Laboratory in 1963. £2,000 was allocated for its equipment, a sum which today would hardly buy one microscope. During this period, there appeared the departments and teachers of Preventive Dentistry, Physiology Applied to Dentistry, Dental Anatomy and Oral Immunology. Professor Naylor outlined some of the changes in substance and in methods of teaching which he had seen over the years.

Bringing the situation right up to date, he spoke of the merger with the Royal, assuring those concerned that they will receive the same kindness and consideration as he did himself when he came here 25 years ago and expressing regret that the University had not thought it possible to ensure a continued independent existence for that much respected Dental School.

Miss Sue Young thanked the President for his address and announced the date of the next meeting. All those present then retired to the Gordon Museum for a wine and cheese buffet reception provided by the kindness of the Medical Defence Union, represented, we were pleased to see, by Dr. A. Gwynne and Mr. Peter Swiss.

It was a great pleasure to see Professor R. D. Emslie at the meeting. Mr. F. S. Warner had hoped to come, too, but had to cry off at the last moment – what a pity. To have had two former dental deans at a meeting of the Society would surely have been an all time record!

British Nutrition Foundation Elective Award

The British Nutrition Foundation sponsor an overseas elective in a research centre or university in a country where under-nutrition is prevalent. This is based on a prize essay competition on a subject of human nutrition of their own choosing. The prize essay is open to dental and medical students and the closing date is 30th April, 1984. Details can be obtained from the Sub-Dean of Dental Studies.

B.D.S.A. Summer Conference

The British Dental Students' Association Summer Conference and A.G.M. was held at the United Medical Schools of Guy's and St. Thomas' from 21st to 24th September this year. The Conference was very well supported by delegates from all seventeen schools in the U.K., who enjoyed a busy and varied programme of lectures and social events.

Social events ranged from a lively cocktail evening and disco, to sponsored buffet suppers and a visit to the Mayfair Theatre for *"The Business of Murder"* – I understand murder could well have been committed in the audience that night!

Following the A.G.M., where next year's Executive Officers were elected, including Dr. S. J. Challacombe, Senior Lecturer in Microbiology, as Senior President, and a well supported trade fair, the conference reached its climax at a splendid dinner/dance at the Selfridge Hotel, thoroughly enjoyed by everyone.

The purpose of these conferences is to enable students to visit other schools and towns, and to promote interest and goodwill amongst all the dental students. In between these events, the Committee fights on behalf of the B.D.S.A. for larger grants, special equipment grants, dental manpower, bank loans for setting up practice etc.

Most of the events at the conferences are very generously sponsored by many companies who are interested in promoting these ideas and without their help, these events could not take place; special thanks are due to the Medical Protection Society, the Medical Defence Union, the Medical Sickness Society, and the British Dental Association, all of whom maintain strong links with the B.D.S.A. Thanks are also due to the many other companies, too numerous to mention here, whose sponsorship was put towards a very productive, interesting and enjoyable three days. I hope the B.D.S.A. continues to receive this generous support.

Robert Coleman,
Guy's Dental Society.

"Beethoven: The Triumph over Silence"

Reviewed by Juliet Goff

On 5th October, at University College Hospital, there took place the English première of an extraordinary film. It was entitled, "*Beethoven: The Triumph over Silence*"; and had been made by Dr. Victor Goodhill, a distinguished American E.N.T. surgeon. Dr. Goodhill, who, incidentally, is also a fine amateur musician, was present. He explained to the audience that the film had not been made from the point of view of an otologist, but was simply the fantasy of someone who adored music, especially that of Beethoven, and who was fascinated by the effect of profound deafness on the man and his music.

The film was a documentary. Dr. Goodhill described Beethoven's life; from his childhood, as the son of an ambitious and exploiting father, through to his final illness and death in 1827. Throughout this biographical account, Dr. Goodhill played examples of Beethoven's music, and demonstrated to us exactly how deaf the composer was, at particular points in time. He did this by playing a piece of music twice. Firstly it was played as written, so that we could hear what it should sound like. Then it was played as Beethoven would have heard it, the upper frequencies almost inaudibly quiet and the lower frequencies distorted, so that they sounded quite alien from the original. The effect was striking, and the contrast remarkable. Every point that Dr. Goodhill made was supported by historical evidence. His sources included letters (of which Beethoven wrote a phenomenal number), contemporary biographies, and the "conversation books" which were kept at home so that friends and visitors could communicate with the composer when this became impossible by word of mouth.

During the first 28 years of his life, 1770–1798, Dr. Goodhill assumed that Beethoven had perfect hearing, as there was no evidence to indicate otherwise. It was in 1798 that he first became aware of an occasional "*weakness in hearing*", especially of high-pitched sounds. By 1801, he had sought advice from several doctors – to no avail, and he had written in confidence to a few close friends, telling them of his deafness and imploring them to speak of it to no one.

Beethoven was not an entirely healthy man, and at first many attributed his defective hearing to other ailments; in particular to smallpox which he had had as a young man, and to his chronic dysentery. But he recovered from his dysentery whereas his deafness only became worse. As he composed music, he used elaborate ear trumpets; and frequently grasped a wooden stick between his teeth, which he held to the wood of the piano while he played it. (This led Dr. Goodhill to believe that there was a conductive element to his deafness).

At first, it was only the upper registers of the flute and violin which he was unable to hear, but, by 1801, ordinary conversation was affected. He was

compelled to shun society, and became a recluse. During the following year, he spent a long time at the country village of Heiligenstadt near Vienna. It was while he was there that he wrote an extraordinary letter to his two younger brothers describing his deafness, that "*incurable complaint, aggravated by the unskilful treatment of medical men*", how although by nature he had "*a lively disposition, susceptible to the diversions of society*", he was "*forced to renounce them*", and of how impossible it was to say to people, "*speak louder – bawl – for I am deaf*". The shame and secrecy and miserable isolation of deafness are all felt. He was indeed "*the unhappiest of God's creatures*"; and yet, during this period, 1802–3, he composed an undoubted masterpiece, the Eroica Symphony.

It is an utterly amazing fact that as Beethoven's deafness became more and more profound, he produced compositions in rapid succession, each more brilliant than the last. The later Symphonies and Piano Concertos, *Fidelio*, the *Missa Solemnis* and the late quartets all bear witness to this. It is almost as though his deafness not only did not hinder, but actually enhanced his ability to write music. Dr. Goodhill suggested two explanations for this: firstly, that Beethoven had enjoyed 28 years of perfect hearing and that this was enough for his imagination and musical genius to work on; and secondly, that although he became unable physically to hear sounds, he was able to look at written music and imagine its sound, just as we read the written word to ourselves.

Dr. Goodhill related to us a tragic contemporary account of one of the earliest performances of the Ninth Symphony, in which Beethoven was conducting. At first, during the *forte* passages, he threw his arms around in an exaggerated and violent manner and, when the music was *piano*, he withdrew and made hardly any movement at all. But he could hear so little of what was being played that, as the music progressed, he became out of phase with the orchestra and conducted *fortissimo* when the music was soft. Eventually the leader indicated to the orchestra that he was now directing the music, and the unfortunate composer slumped into a chair from which he watched the orchestra play his masterpiece. At the end of the performance there was rapturous applause, but Beethoven had to be raised to his feet and turned around to watch the standing ovation by which the audience expressed their admiration for the man and his work.

The possible causes of Beethoven's deafness were discussed towards the end of the film, but Dr. Goodhill emphasised that posthumous diagnosis was not the purpose for which the film had been made. He thought that there were elements both of sensory-neural deafness and of conductive deafness. A post mortem examination performed on the body of the composer revealed no evidence of syphilis which was thought to have been the cause of the sensory-neural hearing loss. As for the conductive component, Dr. Goodhill was unsure whether this was due to otosclerosis or to Paget's disease of the skull. He favoured the diagnosis of Paget's disease as there was some evidence that Beethoven's hats quickly became ill-fitting and so had to be constantly changed; also the *post mortem* report described a skull of abnormal shape.

All in all, this was a fascinating film. It never became too technical from the musical or medical point of view. It had been expertly researched, and the unusual presentation by Dr. Goodhill was highly successful. The illustrations of contemporary pictures and original manuscripts were carefully chosen. The audience will surely never forget the extraordinary, distorted sounds which Beethoven is thought to have heard. Dr. Goodhill achieved precisely what he had intended, and I very much hope that before long there will be another opportunity to see this remarkable film.

Theatre Club Review

"A Woman Alone", A Play by Dario Fo & Franca Rame

On Thursday, 13th October, for one hour of one evening only, Miss Georgie Rhys-Lewis returned to the boards of the East Wing's ballroom, which she knows so well, for her third farewell performance! She surely must be amongst the most convincing and versatile actresses that Guy's has ever had. And this was a weighty challenge – a solo performance in a strange Italian political farce – but for the large audience packed with many of the friends and admirers that had watched Miss Rhys-Lewis closely over the last three years, she produced an outstanding triumph.

A Woman Alone is from the same political theatre workshop – *La Comune* that produced *Accidental Death of An Anarchist* and *Can't Pay! Won't Pay!*. In a conversation between Maria and a neighbour we never see, it portrays Maria's endless oppression by men ranging from her husband, who locks her up, through the demands of her crying baby son and the police to her crippled brother-in-law who is left only one arm to grope with. Like their other works, it is written in a style derived from the inimitable *Commedia dell'Arte* whose only (poor) relative in British theatre is pantomime. A semi-realistic situation is peopled by characters locked in the farcical events of a progressively more complex plot. Mr. Andy Kent, directing his second play, must be commended for a very smoothly running production in which the plethora of domestic objects, entrances, props and movements in no way detracted from the stream. Mr. Haskell's lighting, Mr. Weinbren's technical work, Mr. Starkey's hand and "Catherine's" make-up further enhanced this with what was a virtually perfect performance technically, showing careful attention to detail.

The *Commedia dell'Arte* style in which very controlled slapstick farce would somehow show off the horrific reality of Maria's situation was not quite achieved, but Mr. Kent and Miss Rhys-Lewis produced a performance that went from strength to strength and thoroughly deserved the extra curtain call that the audience defiantly demanded.

Colin Dayan

Barbiturate Abuse in Britain, Part I

by Neil Deuchar

In 1968, when the new drug clinics were opened in Britain, drug addiction was associated with the opiates; these clinics were set up to control and treat the two thousand-odd opiate dependants in Britain, the age of flower-power was upon us with junkies "mainlining" at Woodstock, the newspapers were carrying headlines such as "Heroin-Crazed Britain", and the whole concept of drug abuse was obsessed with opiates.

Although it cannot be denied that heroin-addiction is a very serious identifiable problem, it must also be remembered that the blanket term "drug addiction" is extended to cover all sorts of other types of drugs – cocaine, L.S.D., amphetamines, right down to cannabis, alcohol and cigarettes.

That all these drugs were comparable (in either seriousness of the effects, or numbers of those addicted) to the opiates, was established early in the seventies.

There was one group of drugs, however, that seemed to slip through the net, certainly that of the public eye at least and to a large extent that of the controlling bodies: barbiturates. Only in the late seventies was this changing face of drug addiction noticed, documented and acted upon.

This project will attempt to identify the problem of barbiturate abuse, discussing the extent of the problem, the type of people involved, the aetiology and epidemiology of the situation.

No balanced piece on a phenomenon as important as this would be complete without a note on what is being done to remedy the situation, and, while the project concentrates largely on the aetiology of the situation, a short discussion on the measures being taken at present and the future implications follows.

The information has been drawn from two main sources; original papers and articles (the reader is referred to the reference list at the end of the project) and interviews conducted with several barbiturate abusers based at Piccadilly Circus. Unless otherwise stated, this study concentrates on the state of barbiturate abuse in Britain.

What are barbiturates?

Barbiturates are classed in the widest sense as hypnotics – "drugs which produce a state of sleep which resembles physiological sleep in that the subject can be roused by external physical stimuli".

They also have sedative properties, i.e. they allay anxiety, and the two expressions, hypnotic and sedative refer merely to the principal use to which the drug is put. The importance of the distinction will be illustrated later.

About 60 barbiturate compounds are used in medicine, of which around 12 to 15 are in common use in Britain.

The short acting barbiturates used in anaesthesia (e.g. thiopentone) have a low abuse potential and their availability is in any case usually limited to hospitals. The long acting barbiturates (e.g. phenobarbitone), are used predominately as anticonvulsants. Dependence on phenobarbitone can be severe and used to be common. However, since the introduction of the more quickly acting hypnotic barbiturates, cases of phenobarbitone dependence have become increasingly rare.

It is these rapidly acting barbiturates, which lead to intoxication and mood changes, that are abused most of all and cause dependence.

There is a marked order of preference for various preparations: tuinol (amylobarbitone) is by far the most popular, followed by nembutal (pentobarbitone), sodium amytal (amylobarbitone) and seconal (quinalbarbitone).

What do they do for the user?

All the barbiturates mentioned above produce a state of sleepiness and restfulness, with feelings of well-being and, to a lesser extent, euphoria. This effect is similar to the action of alcohol, except that the latter produces a much more marked dis-inhibition of emotions and actions.

The effect lasts for approximately two hours but depends heavily on the state of the user at the time of ingestion, i.e. if the subject is in an excited or worried state, then the effects will be less marked and last a shorter time and vice-versa.

The drugs, therefore, have various uses:

- (1) They may be taken as an induction agent for general anaesthesia, to combat epilepsy.
- (2) They may be taken as a "sleeping pill".
- (3) They may be taken as a substitute for the drug of preference, e.g. opiate addicts who run short of their supply.
- (4) In order to potentiate other drugs, e.g. alcohol or opiates.
- (5) They may be used to calm an addict down after taking stimulants such as amphetamines.
- (6) Often, they are used simply because they are the most readily available potent psychoactive drug.

We shall return to this last point later on.

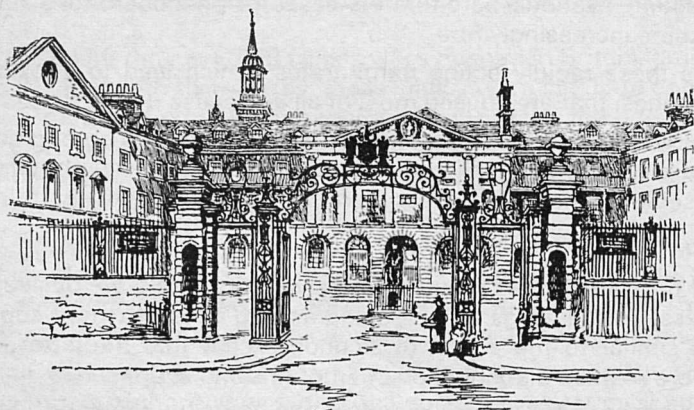
(1) and (2) are both "medical" uses of the drug, but as we shall see later on, (1) is regarded as the only indication to take barbiturates nowadays.

How many people use barbiturates?

Barbiturates have been used in medicine for over seventy years, but the prevalence of "use" and "abuse" (to be defined presently) has shifted widely over the years.

In the mid-sixties, there were an estimated 600,000 persons using barbiturates regularly, 100,000 of whom were thought to be dependent.

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At that time, a study revealed that in a London general practice of 10,000, 4% of the patients were in receipt of prescriptions for barbiturates and 58% of these had been taking the drugs for over a year.

Further evidence about the extent of barbiturate "abuse" comes from data on prescriptions.

Between 1968 and 1973, the total number of prescriptions for hypnotic drugs remained constant at around 18 million, about half of which were for barbiturates.

However, the benzodiazepenes have been gradually replacing the barbiturates, so that, by the late seventies, the number of prescriptions for barbiturates had fallen to around 5 million. Yet this apparently reassuring picture conceals the increase in barbiturate usage by multiple drug users.

Reports from casualty departments and from the police suggest that there has been a spread of barbiturate abuse away from London to areas such as Northern England and Scotland, where the problem was previously unknown.

In 1974, over 50% of police forces in England reported misuse of barbiturates.

In that year also, the Accident & Emergency department of the Middlesex Hospital produced some alarming figures illustrating that admissions from barbiturate poisoning (especially Tuinal) had escalated drastically over the preceding five years, completely taking over from heroin, and topping the lists from 1973 onwards, with further increasing figures.

In the mid-seventies also, deaths from barbiturate poisoning in England and Wales had reached 2,000 a year, nearly half the total drug overdose mortality experience. Hospital admissions from barbiturate overdose were around 10,000 per year, and mental hospital admissions for barbiturate dependence were around 300 per year.

The latest figures suggest that the numbers all round have decreased, but not to a level whereby we can all sit back and relax.

Within Britain, there has been a steady decline in the prescribing of barbiturates since the mid-seventies. However, this decline has not affected the average number of dose units per prescription. In 1971, the average was 58.3 dose units per prescription, while in 1980 it was 58.7.

The decline is predominantly of sedative strength barbiturates and the average size of prescriptions for hypnotic strength barbiturates has actually increased.

Additionally, deaths by barbiturate poisoning has increased per million prescriptions whilst the total number of prescriptions has declined.

Whilst all these figures serve to alert us to the extent of barbiturate usage, it must be remembered that they are not totally representative. They are distorted, for instance, by the existence of "polydrug" abuse. It is thought that very, very few drug abusers take only one drug, and that the majority will use more or less anything depending on their needs, financial situation, and availability of the various drugs. Therefore, a registered opiate addict might

well be a regular user of barbiturates, but tends to be included in the statistics for the former in preference to the latter.

Student Medical Education Committee

S.M.E.C. has presided over a few changes in the medical course in the last year, all for the better, I feel. The most noticeable change is the re-organisation of the second clinical year into five nine-week appointments, in rotation, instead of the previous ten weeks each. The arrangements for leave during the terms has now been abolished and holidays fixed to two weeks at Christmas, one week at Easter, and four weeks' summer holiday between the fourth and fifth appointments.

Another change, instituted to bring us into line with St. Thomas's, with whom we are now united, has been the postponement of the written part of the final examinations in Obstetrics and Gynaecology and in Pharmacology and Therapeutics from November to the following June, in the final year.

The surgical firm at Greenwich has now been going for a year, and is heralded as a great success, offering valuable surgical experience with a course in anaesthetics.

Elections to S.M.E.C. take place on 17th November; we need two representatives from each year, so we will look forward to welcoming two freshers on to the committee.

Meanwhile, any of your comments and suggestions about our course will be welcomed by your year rep. Make remarks; that is how things are changed and improved.

Tim Zilkha (Chairman, S.M.E.C.)

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are November 16th and January 18th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

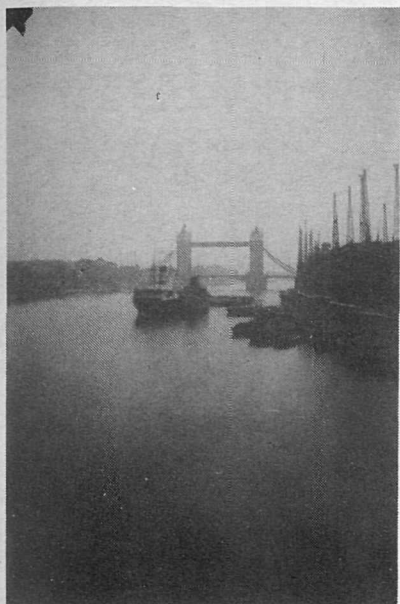
Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Guy's in Wartime

The following photographs were kindly sent to the *Gazette* by Dr. Philip Hopkins, F.R.C.G.P. They follow the Kaleidoscope article, "Guy's in Wartime" published in the *Gazette* of July, 1983.

Old photographs of Guy's are always of interest, and we are immensely grateful to Dr. Hopkins for sending us this unusual and enchanting collection.



"A view of Tower Bridge, looking eastward up the Thames."



Sept. 1939. "Philip Hopkins on the roof at Guy's."



Aug. 1939. "Digging the Trenches at Guy's."



Sept. 1939. "Philip Hopkins in the uniform of Guy's Fire Party."



Sept. 1939. "A unit of the 6th Queen's parading in the courtyard at Guy's."



Aug. 1939. "Roof sandbaggers."



Sept. 1939. "The Entrances (one only half finished) to the dugouts at Guy's. Taken from the roof of Hunts' House."



Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

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The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Mea culpa! I hear comments that last month's report became rather turgid and *Passimesque*, but I shall make up for it this month by being thoroughly nasty.

Just a single serious bit to start, though: the *Passimist* again seems to have an air of massive optimism, but we should not be complacent. There is danger in the offing: why else would a rational consultant physician who is a good each-way bet for the next sub-Deanship sound almost radical when talking on the Channel 4 News? Why, despite all the publicity, including the front page of the *Sunday Times*, did Rothschild still close? Why did Stewart Cameron make *The Times*' third leader, when not yet dead? If plans to cut NHS expenditure in the Guy's district go fully ahead, the next ten years will see a drastic drop in the number of teaching beds – so having all those students *might* be a liability!

Talking of mergers and things, I understand that the RDH merger has not won total support amongst Guy's *junior* dental staff ... as always occurs, certain aspirations have been shattered. Do not be surprised if there is quite an exodus in the near future ...

I am sadly disappointed with the LDS chaps, who only got ejected once after the writhens. Hopefully, they will do better after BDS.

They almost were redeemed, however, by a flawless demonstration of the direct and indirect techniques by one member.

What has happened to St. Christopher's? It seems that the place is now so effete that it can only supply three teams for its polypin party – if it manages a party at all! True, a couple of 'Golden Oldy' pins could attend, but it would be a sad necessity. Could this be part of a concerted attempt to change the character of the old pile, in line with painting over the 'Asbestos Warehouse' legend? By the way, I hear that Mrs. B. still hasn't demonstrated cake-baking without an oven.

Surely it is not true that one of the reasons for the rapid shortfall of glasses in HQ was a competition between members of two of Guy's best funded sports clubs? Who won?

Inexactitude of the week, overheard in HQ: 'We use minds down here, not violence.'

Yaroo! I hear that one of the leading contenders for the recently vacated post of 'Fattest man at Guy's' diskies being called Bunter. I hear he and a former holder of the title stress-tested some floors a couple of weeks ago.

Forgive an old man his prejudices, but carpets do not belong in HQ.

I see Simon Ward is being coy about his age in the last *Gazette*. He is, of course, 27, although he may pretend otherwise.

Could there be SDEC, son of SMEC? If so, what will the Dental Society do?

Sign in Park: *Beware of falling trees.* Shock! Horror!

I hear that the WBBC and WBBA have stripped Scriv of his all-comers belly butting championship for failing to defend his title for more than six months. It is, of course, appropriate – as he won his title in unfair circumstances, when the previous champion was looking backwards. I understand a knock-out competition for the vacant title will be held in the near future. Bellies up to the bar, boys!

Sign in city: '_____'s Erections.' Shame it was so firmly bolted, Mick.

This year, I hear that the Dental Society committee meetings sussurate with the gentle sound of names being dropped.

Overheard in HQ: the more pissed _____ gets, the more like _____ he becomes. (4,6)

£35!! Beyond Shock! Horror! The Snowflake has moved from Guy's with the inevitable rise in price and fall in numbers. One must hope that it succeeds, although part of the attraction was being able to do

anything (well, almost) in the East Wing, and having so many people, and many different bands. Perhaps it might have been better to refloat the Rose Ball as an outside function, while retaining the Snowflake at Guy's. Above all, why change the date from

the last week in November or thereabouts? Many years' experience had shown that to be the best week for most students. Still, at least they are making an effort.

Eugene Bore



Who is this hirsute gentleman? Is the smile strictly prosthetic or has the Pope finally recognised his many qualities? Answers on a postcard please.

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Drink Watchers

An Approach to Social Drinking by Geoffrey Ramin

Drinking problems have greatly increased amongst both men and women. A survey two years ago suggested that 20% of all hospital patients were excessive drinkers.

Accept (Alcoholism Community Centres for Education Prevention and Treatment) was formed in 1975 as a voluntary organisation to provide multidisciplinary teams for the early recognition of alcoholism and to meet an anticipated need at local community level. Until now they have based their programmes on total abstinence, and have approached the problem from a psychological and sociological viewpoint deliberately steering clear of the disease model. However, over the last two years, Accept has embarked on their Drinkwatchers programme, whose basis is to teach people sensible drinking habits.

The basic premise behind the Drinkwatcher approach is that people learn to drink in harmful ways and, therefore, conversely they can be taught to drink sensibly. A further aim of the programme is to educate teenagers just starting to drink, about how to drink and avoid alcohol-related problems.

Obviously, such a programme is not suitable for every person with a drinking problem and initial screening takes place with the use of a questionnaire about drinking habits and the physical effects of abstinence and an extensive physical examination. Anyone showing a marked degree of dependence or physical damage is advised to embark on a programme of total abstinence.

When people join Drinkwatchers, they are choosing to learn to drink differently. Sensible drinking means a daily maximum of 6 units of alcohol per man and 4 units for women, with two total abstinence days a week. (1 unit = $\frac{1}{2}$ pint beer = 1 glass wine = 1 single of spirits.) "No one is a problem drinker at all times, but only in response to specific situations and stresses" – this is a key idea behind Drinkwatchers. Therefore, becoming a sensible drinker and altering self-defeating drinking habits means developing attitudes for coping with problem situations as well as learning to recognise "high-risk" situations where one is more likely to drink.

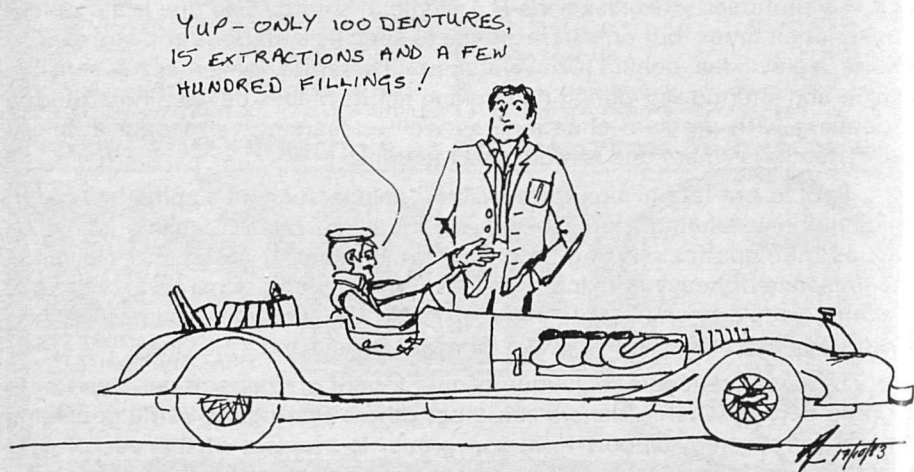
People are taught tips for sensible drinking such as sipping instead of gulping drinks, diluting spirits liberally and "pacing" oneself while drinking, as well as methods for refusing drinks and being able to assert themselves in the presence of heavy drinking companions. The programme also consists of teaching people to understand and resist their urges to drink, to improve their leisure pursuits and to change their high-risk beliefs and attitudes.

The Drinkwatchers technique can be taught on a one to one basis or in a group setting where drinkers can meet others sharing the same goals and draw strength and support from the group. It consists of the use of goal cards, which let one plan for the coming week the exact level of drinking for

morning, afternoon and evening of each day, as well as having space for the actual amount which was consumed. Keeping a drinking diary is also encouraged in which high risk situations are identified and noted, so that effective coping skills can later be discussed within the group. Notes are also kept of any social skills used to minimise drinking levels each day. Group meetings include regular opportunities for members to describe their previous week of drinking and unsuccessful weeks are treated as learning experiences to be analysed by the group and not for seeking sympathy or developing apathy towards the programme. Rôle playing is also involved in the approach as a means of rehearsing the skills of refusing drinks.

Though relatively new to Great Britain, similar programmes have been running in the United States and evidence from these indicates that, with effective initial screening, many people can successfully alter their drinking habits. With the help of a Health Education Council grant, Drinkwatchers has embarked on a two-year research project to evaluate the effectiveness of their techniques in teaching new drinking behaviour. Drinkwatcher groups are functioning and Group Leader Training courses are available.

It is hoped to be able to start a Drinkwatchers group at Speedwell Day Hospital in New Cross later this year, with the help and support of Dr. Maurice Lipsedge, consultant psychiatrist to Guy's Hospital. To do this effectively, several people are required to undertake a two-day course in Group Leader Training. Anybody interested in the programme or any other aspects of Accept's work can contact me *via* Boland House or ring Accept on 01-381 3155.



Nursing

In the light of so much media coverage and publicity over the National Health Service cuts, two Ward Sisters from the Evelina Children's Department have presented their very *personal* views of life on the "shop floor".

"The N.H.S. cuts have already caused an unprecedented reduction in service, had a devastating effect on staff morale, and made the future, as it stands, look exceedingly gloomy. Borough Ward, as the central nucleus for district surgical paediatrics, has been the unfortunate receiver of threat upon threat by the District Management – acting with their hands impossibly tied – of reduction of service and then ward closure. The latter being reprieved at the eleventh hour.

Life on Borough has been far from easy. Firstly, a two week freeze on routine admissions, then the utilization of our staff on an unsystematic form of inter-ward relief. Thirteen nurses on day duty alone being loaned to help other wards over a period of six days. The final affront was to find the ward's closure imminent. All this to the one ward most able to contain its workload within its staff establishment.

Thus ensued a two week period of stress and frustration for not only the staff, but, more importantly, the children and their relatives, especially of the local community. In the meantime, the ward sisters, nursing management and the doctors prepared alternate strategies for cancelling the outstanding budget deficit. The result: 4 beds closed down on Borough and 20 within the unit.

The effect on the ward was thus: a staff nurse leaving as a direct result of the uncertainty hanging over us; the hours of off-duty time spent preparing for emotive meetings with the D.M.T. and Consultant Medical Staff; but, above all, how the press coverage of the decisions affected the families of those children so well known to us. The family, for example, of the terminally-ill child – sadly now deceased – who telephoned so desperately in fear of where to turn if the ward was closed. The three handicapped children who had to have their admissions cancelled at four days' notice, at great cost to the time and planning involved in this type of patients' daily routine. The children who were, and still are, waiting to have their grommets inserted – how much worse does their ever diminished hearing have to get to be classified as "emergency"?

Whilst the ward has remained balanced on a knife edge of uncertainty, the resilience of my staff to overcome this treatment and to come through still smiling, is all credit to their marvellous positivism. That staff should have to endure such uncertainty and distress within a "caring profession" is unthinkable. In the meantime, the waiting lists grow longer, the parents more anxious and the children remain untreated."

"On Arthur Farre, the Special Care Baby Unit presents a different picture. There is a general lack of neonatal cots throughout the country – in particular

the South East. Whereas neonatal work has increased and developed over the last few years, cot availability has not.

The national norm is 6 S.C.B.U. cots and 1–2 Intensive care cots per 1,000 deliveries a year. In 1982, approximately 2,200 babies were born in Guy's. Arthur Farre has 15 S.C.B.U. cots but the number of I.C. cots is questionable as we have never really been recognised to undertake I.C. work and therefore are not funded by the nursing establishment.

Initially I.C. neonates were meant to be nursed at King's, being the Regional Unit. However, King's have a cot shortage. We have built up an experienced medical team and acquired the costly equipment necessary to nurse I.C. neonates. As word got around, the unit was asked to take outside and in-utero transfers. Not only pre-term babies, but cardiac renal, neurological and surgical cases. These are the Regional specialities and rarely found elsewhere. Last year, a survey taken showed 40% of our admissions were neonates from outside.

To cope with this work, we need the nursing staff and this is our problem. We are not recognised or funded. We have the space, costly equipment and medical staff but lack adequate nursing staff. A common problem of neonatal work is the stress involved in such care. Together with this stress, morale is low because: (a) Night rotation has increased. (b) There are fewer staff on day duty – this means more work despite a paediatric relief system. (c) Staff become less efficient and so dislike coming on duty. (d) Stressed relationships between nursing and medical staff over the selection of admissions. (e) Concern over the future of the Unit.

Working conditions like this do not make for keeping staff and it is difficult to recruit – a vicious circle. It is very disheartening for everyone, doctors and nurses alike, to see the ward half empty, expensive equipment not used, and yet to hear of increasing numbers of babies we refuse.

The N.H.S., now 35 years old, was designed to give a free service – but how long must we wait? Similarly, did the nurses, fighting for registration and professional autonomy, in 1919, ever guess how misused and unjustly treated this bureaucracy could make these 'Nursing Professionals' feel! These are the wounds within the Paediatric Unit we are still licking and hope for a healing process to come soon."

**Hazel Foale (Borough),
Liz Checkley (Arthur Farre)**

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Physiotherapy

At the end of October, Mrs. Helen Ransome joined the staff of Lewisham and N. Southwark as District Physiotherapist. Since Miss Cook retired at Lewisham, Pat Aste and Pat Freeman have acted as care-takers at that end of the District and I have carried on in my designated rôle at the Guy's end. Inevitably, we feel that we have missed out on developments during this period and that the physiotherapy input has been less than it should have been because the three of us have not either had the time nor the opportunity to coordinate our efforts. Helen's advent is, therefore, the more welcome and we look forward to her being able to start to re-animate and blend the temporarily static components of the physiotherapy service in the District as a whole, drawing it together into a comprehensive entity.

Helen is from Australia, having qualified as a physiotherapist in Melbourne in 1963. She specialised in the treatment of the elderly and when she came to Britain in 1969, she pursued that interest, working at Orpington and the Lennard Geriatric Unit. She also initiated the physiotherapy service at the Cane Hill Psychiatric Hospital. In 1977, she became Superintendent at Greenwich and was the designated District Physiotherapist for the Health District, a post which was confirmed by appointment in 1981.

She undertakes regular secondments with the Health Advisory Service and was consultant for the rehabilitation module of the O.U. post-experience course "An Ageing Population". She has written articles and frequently spoken on various aspects of physiotherapy in relation to the elderly and disabled, both in hospital and in the community. In a multi-disciplinary symposium at the International Congress of Gerontology in Hamburg in July 1981, she was the only therapist to give a paper.

Interest in the rôle of physiotherapy in residential homes and the training of care staff led to *"Keeping elderly people moving in Residential Homes"* published by C.P.A. in 1981. The provision of effective rehabilitation for the elderly and disabled she sees as being equally as important as treatment of acute patients, and she views the continuing evolution of community physiotherapy services in response to changing needs as a priority. Helen is an advocate of management training of physiotherapists at all levels and is master-minding a course at David Salomon's House for high grade physiotherapists early next year. Pastoral care and counselling are aspects she sees as particularly important.

Out of hospital, she is interested in the arts, particularly music, and she sings as a soloist in concerts of baroque and classical music. She includes hill walking and natural history among her leisure pursuits – further evidence of an energetic nature.

Separation of the responsibility for the training of physiotherapists from that of deployment of qualified staff in hospitals and the community should enable us to develop both aspects in Guy's and the Health District.

Obviously, it will be essential for both sides to work closely together and we look forward to the opportunities that we see beckoning us. Welcome, Helen, and good wishes!

Ronald Cooper

Book Reviews

"Disease, Drugs and the Dentist" by H. D. Astley Hope and M. D. Hellier. Pp. 254. Price £5.00. Published by John Wiley and sons.

This is the first edition of this paperback book written jointly by a Consultant Physician and a General Dental Practitioner. It is divided into two sections, the first being an alphabetical list of diseases and conditions. Primary dental conditions are deliberately omitted, and the list has a wide range extending from the mundane to the obscure and tropical diseases. The degree of detail given to each is in direct proportion to its frequency and importance and the accent throughout is on how the disease and the drugs that may be given for it could be relevant to, or influence any proposed dental treatment.

The second section is an alphabetical list of drugs, the uses for which are given in very brief descriptions of one or two lines and there is a cross reference between the pharmacological and proprietary names. I was pleased to see the inclusion of the U.S. equivalent names, but it is a pity that this was not extended to include the European equivalents, since this information is almost impossible to obtain elsewhere.

This book does not set out to be a textbook of general or oral medicine, so all the descriptions are therefore brief. For this reason, it cannot be recommended to undergraduates who will have access to modern reference books, but for the practitioner following up a medical history the facts are sufficient for patient management and treatment planning, and it would therefore be a useful and inexpensive addition to any practice.

ROGER GOULDEN
Clinical Assistant
Dept. Conservative Dentistry

"Introduction to Clinical Examination" by Macleod, French, Munro 3rd edn. Pp. 118. Price: £3.25. Published by Churchill Livingstone.

This is the third edition of a pocket book which "provides the junior medical student with a brief account of the fundamental methods of clinical examination". It certainly succeeds in being brief, covering history taking and examination in about 90 small pages of text. There is not enough detail in the methods of examination for clinical students, and the physiological basis and pathological meaning of abnormal signs are generally ignored, making it rather dry reading.

The contents of the book are mostly accurate. It is designed to lead on to Macleod's "Clinical Examination", which is an expanded version and contains additional chapters on examination of children, and of urine and blood. Many medical schools, including Guy's, give out their own brief notes to cover the same ground as this book. It can be read in an hour or two and I suppose that it might be useful to read a borrowed copy before starting on a more comprehensive text on clinical examination. After that it would seem so basic that there is little point in possessing a copy.

Nurses and physiotherapists might like to read this book but medical students need more information about clinical examination, and I would put the £3.25 towards the price of this book's big brother.

P. J. REES,
Senior Lecturer in Medicine

"A Textbook of Regional Anatomy" by J. Joseph. Ed. Pp. 519. Price: £15.00. Published by MacMillan Press.

The writer of this new textbook has attempted to justify the production of yet another text on Anatomy on two grounds. The first is that curricula have changed, thus altering the balance of medical courses, and the second relates to the author's long experience of teaching anatomy.

Whilst the first reason is undoubtedly sound in so far as textbooks are most useful if they are pitched at the right level for the students and the examinations that they need to pass, the second reason is more personal and subjective and can only be assessed after the book has been written and published.

In so far as the reviewer regards the content of the book as sufficient for the needs of most medical students, and thus in part fulfills the first requirement, the only questions that remain are concerned with accuracy, reliability and whether or not the information is easily accessible to the student. As far as accuracy is concerned, all first editions are prone to typographical errors and this book is no exception, but there are few such errors and for the most part they are quite trivial. As one might expect the anatomical content of the book is of a high standard although on occasion brevity of exposition has led to the need for very careful reading. This latter point is of minor importance because on the whole the text is explicit and the inclusion of clinical information, where relevant, will increase the interest with which most students will read this book.

Any textbook of Anatomy should include many diagrams and other illustrations. This text has many diagrams and a fair number of monochrome photographs. These latter are generally good but the diagrams are often rather small to carry the amount of information that is packed into them. Colour might have helped although this might well have raised the price unacceptably.

All in all, this book can be safely recommended to students as it will fulfil their needs for anatomical information and has clearly been written with their needs in mind.

M. BERRY
Professor of Anatomy

"Letters to a Young Doctor", by Philip Rhodes. Pp. 127. Price: £5.50. Published by the British Medical Association.

This book is a collection of articles by Professor Philip Rhodes which appeared as a weekly series in the British Medical Journal during 1982-83. It considers pre-registration house appointments; careers as a consultant or as a general practitioner, or in other branches of medicine; on applying for jobs and coping with the interviews; on study, research and publications; on examinations; on administration; and on relationships in medicine. There is also a section of especial interest to women doctors and another concerned with doctors from overseas. The author is Professor of Postgraduate Medicine at the University of Southampton and ex-dean of St. Thomas's Hospital, the Faculty of Medicine, University of Adelaide, and Postgraduate Medicine of Newcastle-upon-Tyne, so it is not surprising that the advice given is uniformly sound and presented with clarity. Cuts in the Health Service have already reduced the opportunities for young doctors to an alarming degree. Posts for vocational training for general practice are in short supply and the proposed further contraction of the hospital service during the next ten years ("improved efficiency" or "rationalisation") will give fewer opportunities for further training and the advancement of careers. The young doctor certainly needs all the help and support that can be mustered at the present time, and these "letters" are most helpful in aiming him in the right direction.

G. W. SCOTT,
Consultant Physician, Keats' House

"M.C.Q.s on Clinical Pharmacology", by D. R. Laurence, P. N. Bennett, J. F. Stokes. Pp. 185. Price: £3.95. Published by Churchill-Livingstone.

Multiple choice questions are now an integral part of many medical examinations. Some students find it difficult to cope with these questionnaires and there is no doubt that a little practice to acquire familiarity with this type of exam is useful.

Professor Laurence and Dr. Bennett are already well-known to many students as the authors of a popular textbook of clinical pharmacology and this collection of multiple choice questions is based on their book. It is not easy to prepare multiple

choice questions of a consistently high standard and Professor Laurence and his co-authors are to be congratulated on the clarity and lack of ambiguity in their questions. No clinical pharmacologist is going to agree with every answer but to the reviewer they would have few grounds for argument.

This would be a useful book for the student to go over before the relevant examination, whether it is worth buying is another matter and it is to be hoped that the library will have a number of copies. Practising M.C.Q. questions is not the way to learn about drugs: this should be done by proper reading and, most important, in observing the effect of drugs and patients in the wards and outpatients. It may well, however, help the student to pass his final exam.

J. R. TROUNCE

Professor of Clinical Pharmacology

"Postgraduate Medicine" by I. J. T. Davies, 4th edn. Pp. 563. Price: £17.00. Published by Lloyd-Luke.

I read the second edition of Davies' Postgraduate Medicine before attempting M.R.C.P. ten years ago, and while it provided valuable information, it had an old fashioned feel to it then. The fourth edition shows considerable revision but still retains this feeling.

The book is an interesting mixture, covering most medical specialties in ten chapters, and picking out selected areas of basic information in physiology or biochemistry where Dr. Davies feels this is often misunderstood. It is certainly not the place to look for the latest information on any topic. There is no mention of trendy subjects such as A.I.D.S., amiodarone for

arrhythmias, short course antituberculous chemotherapy, chemotherapy for lung tumours and C.T. scanning. Most of these have been around long enough to warrant discussion in medical textbooks appearing currently. This is probably a reflection of the single author text which must extend the time of preparation. The compensation for this is a consistent style and pattern throughout the book.

There seem to be few factual or typing errors although the innervation of the triceps jerk changes within the space of a small number of pages. Each chapter finishes with brief details on the eponyms used; in Addison's case this is brief enough not to mention Guy's.

The selective approach in the discussion of management can lead to an unbalanced picture. Three and a half pages on the use of I.V.U.'s and renal isotope scanning make no mention of the use of ultrasound.

This is certainly not the book to use to obtain all the necessary information for Finals or Membership but, to be fair, it is not meant to be. Undoubtedly it might find a place as a back up. The basic aspects of physiology, biochemistry and clinical examination selected for further coverage are often very valuable. I particularly liked the sections on the cranial nerves and examination of the cardiovascular system. Those assiduous students, if there are any, who finish their work in good time before examinations would benefit from reading this. While they should be reassured most of the time by finding what they already know, they might also be brought down to earth now and again by the discussion of basic mechanisms.

P. J. REES

Senior Lecturer in Medicine

Correspondence

Clear Thought – Hazy Subject

Dear Sir,

I'm sure I am not the first to notice the curious juxtaposition of articles appearing in the July edition of the *Gazette* with an emphasis on Alcohol. Seeing that my "initiation" to the world of this unique ingredient of many palatable beverages was at Guy's, I feel it relevant to epistulate.

The information in Claire Wilkie's article on Alcohol and Health outlines the serious hazards associated with the consumption of alcohol. Recently, some statistics came to hand regarding the long term effects of alcohol on the liver. In broad terms, the consumption of a bottle of wine a day for 10 years provides a 40% chance of liver disease. This information not only discloses the financial status of the drinker, but also provides a definition of an optimist; he's in the 60%.

My initiation to "the beverage" does give, however, an insight into the workings

of the (economic) mind of a Dental Student. Waiting to return to the clubhouse after my first game of Rugby, the forward-seeing captain was collecting for the kitty at the bus-stop; 2/6d for the first start. I gingerly enquired as to the rate for non-drinkers (some lame excuse about not being able to stay); 2/- was the reply. This effectively meant 3 pints for 6d! (1958).

In the article, reference is made to some remedies to high alcohol intake which certainly reveal the all-embracing nature of the condition. I would have to state quite openly that the convergence in one's life of tertiary education and entering the "outside world" puts a lot of responsibility on a College or Hospital Institution for clear thinking in an otherwise hazy subject.

Yours faithfully,

EDWIN MANN
12, Nottage Terrace,
Medindie Gardens,
South Australia. 5081

Sport

Introduction

I hope that Freshers are settling in well now and have secured firm footholds in their clubs. If you still haven't joined a club, then do so quickly, before the newly-arranged teams get too stuck in their ways. In particular, if you have an old hockey stick collecting dust in a corner of your room, join the Hockey Club. Whilst they have a few good new players, their volume of Freshers is low; the traditional Spirochaetes vs Freshers match had to be called off for lack of Freshers. I hope that will be merely a postponement.

The records will show that the Rugby Club were put out of the Firkin Sevens in the first round this year, but they do an injustice to a fine performance. Playing against a team composed mostly of Swansea 1st XV players, they led at half-time, but finally succumbed to greater experience.

Guy's A.F.C. 3rd XI achieved a remark-

able result in their first League match of the season. Leading 1-0 at half-time, they managed to collapse to a 10-1 defeat by the final whistle! Never mind, boys – take some "Polyfilla" with you next time!

MB

ASSOCIATION FOOTBALL Guy's 1st XI 2 Liverpool Medics 4

Recollection of our last unsuccessful confrontation with Liverpool Medics and reports of their victory over Charing Cross the previous day, both by margins of 10 goals to 1, set Guy's hearts pounding with apprehension in this pre-season friendly.

However, Guy's looked strong on paper, with new boy Nick Tucker making his debut, adding height to our forward line. An experimental 4-4-2 formation aimed at suffocating their midfield, simultaneously allowing us increased mobility down the flanks.

Guy's suffered an early setback when t'Spu Mellor had to leave the pitch complaining of a sternum(!). Eager running, incisive tackling and perceptive passes by Liverpool seemed about to realise our worst fears, and suggested the inclusion of the odd DalGLISH, Rush or Souness in disguise.

Going a goal down after a looping shot beat Chris Pocock at the far post, Guy's began to rally, sorting out the marking and giving Tucker more of the ball. He in turn increased in confidence, and, with a little luck and much perseverance, began to cause the Liverpool defence a few problems. Nav Masani, now vice-captain, featured in some elaborate and effective moves, one of which resulted in Mark Batterbury actually striking the ball on target.

At half-time and still only one goal down, fortunate that it wasn't more, a useful team-talk sorted out a few tactical deficiencies. Mid-way into the second half though, we found ourselves 3-0 behind.

Skipper Andy "Hypertrophied Masseters" Jones, generally stable as the penultimate line of defence, pushed his luck a little too far during moments of dribbling from the back, and incurred the appropriate penalties. Of course, it was everybody else's fault!

Paul Taylor stemmed the tide after a fine exchange of passes sent him sprinting through a gap between two Liverpool defenders. Ignoring screaming appeals from Batterbury to pass the ball, he wisely took the ball on himself and netted a clean shot.

For much of the second half, Guy's looked the equals of Liverpool, and kept going forward strongly. The Liverpool 'keeper was forced into some fine saves. A consolation goal by Tim Harris, blatantly offside 2 yards from the goal-line, gave the final scoreline of 2-4 a better balance.

In general, it was a good performance, encouraging to the last. The midfield looked a little crowded, but strung together some attractive passes, serving Nick Tucker well if not Paul Taylor. The defence played spiritedly, often in the face of overwhelming numbers, Chris Pocock in particular making some brave and successful lunges at Liverpool attackers' feet. Our offside tactics, an irritation to St Thomas' the week before, served us well.

I foresee a happier season than the last two, dare I say it at this early stage, with several 2nd team members pushing for places in the 1st XI.

Needless to say, we proved excellent hosts to our visitors, at Hop and then the "Goose", finally rounding off the evening at a remarkable Hop. Here the author plus friends distinguished themselves Travolta-style, only wearing fewer clothes than he would ever dare!

Team: C. Pocock; E. Rytina, G. Shannon A. Jones (Captain), M. Allington; N. Croucher, S. Mellor (subst. T. Harris), N. Masani, M. Batterbury; P. Taylor, N. Tucker.

Guy's 1st XI 1, St George's 1

Strengthened by the welcome addition of Dave Barber, who last year was merrily taking away the legs of Guy's forwards on behalf of RDH, Guy's started this friendly full of confidence, and asserted an early superiority in all departments. For once, we combined crisp, effective tackling with skilful passing. St George's barely saw the ball in the first quarter, let alone had sight of our goal.

With Skipper Jones pushed up into midfield, t'Spu Mellor still complaining of a sternum, the forwards were given plenty of service, with good support from all the midfielders.

However, against the run of play, St George's opened the scoring, their best player eluding his marker, "Marcia" Batterbury (who was at the other end of the pitch pretending to be a left-winger), and netting a fine shot.

Guy's surged forward again, and were eventually rewarded with a goal from Jones, atoning for his mistakes against Liverpool. Heading for the goal-line and evading some mistimed tackles, he cut in towards the goal and thumped the ball in at the near post.

Ed Fresher's long throws, aimed at Nick Tucker, unfortunately too often went too far. Nick himself had several opportunities to score, but put most of them wide. His one shot that did reach the back of the net was disallowed for off-side by an inexperienced referee (who nevertheless had an otherwise excellent game). Mark Allington joined in the attack with increasing frequency and to good effect. Neil Croucher had a better game than of late, winning his tackles and getting to the goal-line to send over several searching crosses. Paul Taylor unfortunately saw little of the ball, and needs to build a better understanding with his fellow forwards. It'll come good in the end, though, Paul.

Team: *C. Pocock; E. Rytina, G. Shannon, D. Barber, M. Allington; N. Croucher, A. Jones, M. Batterbury; P. Taylor, N. Tucker, N. Masani.*

Bedford College 2nd XI 3 Guy's 1st XI 2

Saturday, October 15th, was the day when swirling winds and driving rain disrupted football right across the country and led to the cancellation of many matches. Undeterred by these conditions, and knowing that their skill and tenacity could overcome them, the 1st XI reached Headstone Lane early, and made for the pub.

On the pitch, football really was very difficult. The ball seemed to stay in one quarter of the pitch, and efforts to extract it were fruitless. Bedford took the lead, and later went 2-0 ahead, but Guy's matched them in all other departments. Nick Tucker again was skilful on the ball, and received good support from Paul Taylor.

In the second half, Guy's equalised with a well-struck left-footed volley from Andy Jones after an incisive move down the left side resulted in a poor clearance by the Bedford defence. Dave Barber narrowly missed the goal with a near post header from a corner. Batterbury battled hard but kept getting caught in possession. Ed Rytina slid around in huge puddles on the right, only his huge stature saving him from drowning on several occasions.

The centre of our defence was caught badly square, and we went 3-1 behind. In reply, Nav Masani delicately stroked a free-kick towards the far post and was overjoyed to see a Bedford forward help the ball into his own net!

Despite much effort and frantic harassment of the Bedford defence, Guy's were unable to achieve the equaliser, and had to be content with a narrow defeat against the best team in the division.

Team: *C. Pocock; E. Rytina, D. Barber, G. Shannon, M. Allington; N. Croucher, A. Jones, M. Batterbury; P. Taylor, N. Tucker, N. Masani.*

Rudolf

MEN'S HOCKEY

Guy's 1st XI 1, Barts 1st XI 1

The first match of the new season was a friendly against the old rivals, Barts. Inspired by new skip's pre-match pep talk, the boys started well with aggression and determina-

tion. Guy's were fielding four debutants – three new faces and one not quite so new. The constant Guy's pressure finally paid off when Pickering, leaving the goalkeeper stupified, buried the ball in the far corner. Soon after, Blackbottle was unlucky to be blown up when looking certain to score.

Against the run of play, Barts equalised just before the break with a disputed goal leading from a short corner.

After the break, Guy's went straight back into the attack, Lobo giving good support to the ever-running Bundy. Brink, however, had much trouble staying on the pitch and out of the bushes. Cranston was unlucky not to score (although I hear he was not so unlucky after the match) and Thorpe-Beeston worked hard to seek forgiveness for his early refereeing blunder. At the back new boys Kearney and Gregg looked solid. However "Kwaj" came down with cramp and while skip tried his hand at physio, Dewji (wearing the Guy's pads!) did the job of both full-backs.

In the end an honourable draw against the old enemy must be a fair result for our first match of the season.

Team: *Mohammed Dewji, R. Russell, A. Khwarja, J. Gregg, P. Kearney, A. Lobo, T. Brink, M. Bundy, I. Cranston, D. Pickering, J. Black, G. Thorpe-Beeston.*

Skip

LADIES HOCKEY

Two teams competed in the 7-a-side intercollegiate tournament at Mootspur Park on October 9th.

Despite the appalling weather conditions, Guy's always played with confidence and remained unbeaten throughout – this hopefully an indication of a good season ahead.

Eight minutes each way was barely enough time for any team to score, but Guy's I started well with a 1-0 win against L.S.E. Cressida Barry shot an excellent goal from the left side of the circle. Then followed a 0-0 draw vs Imperial College and a 1-1 draw vs Bedford. Guy's equalised in the latter game from a move set up by Camilla Heyes, whose cross to centre was knocked in by Yvonne. Guy's needed to win the next game, against RVC, to go through to the following round, but somehow the Vets' goalie just wouldn't get out of the way, and the score remained 0-0.

Guy's II had a 1-0 win against RHC, and

graciously accepted a bye from QEC, who had obviously been given prior warning of our reputation and decided not to turn up. Guy's then managed to hold UC 1 to a 0-0 draw. This was no mean feat and was mainly due to the boundless energy of Debbie Batesman and Caroline Joyce who were well backed up, especially by Alison Law and Liz Busby in goal. The final match was against the Royal Free Hospital. Though the play rarely left the RFH 25 yard line, Guy's could only get one of the 3 goals they needed in order to win their section, and the final score was Guy's 1 RFH 0. Both Guy's teams therefore finished second in their sections.

Many thanks to Tom for umpiring, and a very big welcome to all the Freshers who have just joined the club. We're glad to have you with us. Anyone else who is interested in playing hockey should contact Zena Brenchley (Captain) or leave a note in the pigeon holes.

Yvonne Seaton

Rugby Club Report Blackheath 27 Guy's 3

September 14th saw the annual meeting of Guy's and Blackheath in what is the oldest rugby fixture in the world. In recent years, Guy's have fared rather poorly in this fixture, so it was with a certain degree of pessimism that the club approached the match. However, following their sound thrashing of O.M.T.'s the previous Saturday, the 1st XV's spirits were high and further raised by reference in the Blackheath programme to our glorious captain as "Huge Toole"!

The game began at a furious pace with the packs evenly matched in the set but Blackheath holding the advantage in the loose. Stout tackling by the backs repeatedly kept the opposition at bay despite repeated overlaps. Eventually something had to give and by half-time Guy's were trailing by 13 points to nil. In previous years Guy's have always folded in the second half but "Huge" was determined to avoid a similar fate this year. Thus whilst Martin King marshalled the forwards, "Huge" ensured the backs never lost heart. To the surprise of the many Blackheath fans present, Guy's mounted several penetrating attacks and were unlucky not to cross the line. "Huge's" heroes had to be content with a penalty scored by Dai Maggs. Now

those of you who read the *Daily Telegraph* will be glad to read this, the real version of events, which clearly shows that Guy's were far from swamped! Popplewell, Wardle, Conchie and Parry performed well and continually worried the opposition. Martin King's game was brought to an abrupt end after an hour of play with concussion. His replacement was Bill Hogan who, contrary to *Telegraph* reports, is not 60 years of age. All in all, it was a creditable performance by Guy's who can be proud of the result.

Team: *Parry, Rose, Wardle, Conchie, Popplewell, Meharg, Chew, King, Docker, Poole, Reece, Leigh, Jones, Maggs, Reynolds, Hogan.*

Nuneaton 34 Guy's 9

Last year Guy's shocked many rugby followers by beating Nuneaton at H.O.P., so it was no surprise to find an improved side awaiting our arrival in the Midlands. As has become Guy's style this season, the game was begun at a furious pace. However a few careless mistakes were penalised severely with three long range penalties, so Guy's were soon trailing. Once again Guy's forwards were performing well against much heavier opposition but some slack tackling allowed Nuneaton a comfortable lead at half-time.

To their credit, Guy's showed spirit throughout the 2nd half (a face lacking in previous seasons when trailing) and some very determined play by the forwards resulted in a try for Allan Jones. Mark O'Connell won the ball from a line-out and Docker fed to Reece who rounded his man cleverly. A chip ahead was retrieved by Conchie and Chew who sent Jones over to score. This lifted spirits somewhat, but once again some poor tackling resulted in a disappointing scoreline.

Team: *Parry, Rose, O'Connell, Conchie, Popplewell, Chew, Meharg, King, Docker, Poole, Peters, Leigh, Jones, Reece, Baldwin.*

Guy's 9 Askeans 9

Askeans came to Guy's unbeaten so far this season and expected no change in their record. It was a dull game to watch and an even duller game to play in, and not helped by a warm and muggy day. Trailing 3-0 at the turn-around, Guy's squandered much possession and positional advantage whilst Askeans failed to capitalise on these

mistakes. Dai Maggs popped up with a try to liven things up but that was about all the entertainment the game had to offer. Allan Jones scored the remaining points to equal Askeans' 3 penalties. Simon Rayner performed well at number 8 in the absence of Martin King whose injury at Blackheath prevented him from playing.

Team: *Parry, Rose, O'Connell, Conchie, Popplewell, Chew, Meharg, Rayner, Docker, Poole, Reece, Jones, Maggs, Lloyd, Baldwin.*

U.S. Portsmouth 6 Guy's 9

October 1st saw Guy's journey into the military maze of Portsmouth. The town had more than its fair share of top brass in attendance since the Combined Services were to play Canada after our game. Nice to see touring sides as a supporting feature to Guy's! Always a keenly contested game, U.S. began with a dropped goal in the first minute and things looked bad for Guy's. However, true to this season's form, the pack rose to the occasion and promptly dominated the game both in the set and the loose. It was a tight game in the first half and Guy's were surprised to trail 6-3 at half-time.

The second half, however, was an impressive display of aggression by Guy's and only a stout defence from U.S. prevented Guy's from scoring several tries. Two penalties from Dai Maggs saw Guy's in the driving seat and despite spirited attacks by U.S. in the dying moments, Guy's held on to enjoy a well deserved win. It was a splendid game to watch with good performances in all departments from Guy's, but especially from Richard Docker who played despite a broken front paw. A good day all round then for the Guy's men. The result must have impressed the amassed military heads who then had to suffer the further humiliation of a Canadian victory. A fine evening was had by all, except for those eight of us "accidentally" left behind. Retribution in Cinderford, Mr. Popplewell.

Team: *Parry, Edney, Popplewell, Conchie, Roberts, Chew, Meharg, Smith, Docker, Poole, Peters, Leigh, Jones, Maggs, Baldwin.*

Training is still not as well attended as it should be, take note. Next month should include reports on the campaigns of the mighty 2nd XV, the real heroes of Guy's Rugby. Watch this space.

Telephone Bill

BOAT CLUB Guy's-Mary's IV

Inter-hospital rivalries were briefly suppressed to allow the formation of a composite Guy's-Mary's IV to compete in some of the summer regattas.

After a few outings we went up to Stratford to see "Twelfth Night". The next day we competed in the Regatta. In the first race we beat Stratford R.C. IV by a length and a half. The final was a close race with a Cheltenham College crew. We had a scrappy row, but lost by only a canvas.

By Richmond Regatta a week later, we had changed to a shell. In the first round we went half a length down at the start. This remained the margin for most of the 1400m course, but King's, Wimbledon, pulled away at the finish. After a few beers, we confused the judges, by winning a race we hadn't entered. Over the next fortnight we resolved a problem with the balance and the rhythm improved.

We finished with an enjoyable day at Egham Regatta, like Stratford a delightful course. However, it almost did not take place as half the crew was taking an early morning dip in the sea at Brighton. Some dangerous driving by Soapy saved the situation.

In the first round we met Strodes College, the favourites in our event, the Senior C IVs. We started aggressively and soon led by half a length. Strodes came back at the finish, but we hung on to win by one third of a length in 2 minutes 1 second, equalling the course record. The second round was an easy race against a composite club crew, which we won by $1\frac{3}{4}$ lengths. The final was against Latymer, who had similar times to ours in the earlier rounds. We were level soon after the start, but by halfway Latymer were slightly up. We had our best row of the day, with vociferous support from the bank, but could not pull back. Latymer won by $\frac{1}{3}$ length in one minute 59 seconds, thus breaking the record we had equalled earlier.

Crew: bow Tony Lander (Mary's)
2 Richard Baxter (Mary's)
3 Andrew Lee (Guy's)
str. Soapy Shennan (Mary's)
cox. Miriam Scadeng (Guy's)

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More surgery for Frankenstein?

The Damoclean sword that has hung so perilously above the throat of the Lewisham and North Southwark Health Authority has made its deepest sweep yet. At a public meeting held on October 31st, 1983, the Health Authority decided to implement the following drastic measures:

1. To temporarily close all the out-patient clinics at St. Olave's Hospital, except the Chaucer Day Ward for the Mentally Ill and the physiotherapy department, and move them to Guy's and New Cross Hospitals instead;

2. To temporarily close a total of 180 beds at Guy's, Lewisham and Hither Green Hospitals, as follows:

at Guy's, closure of Hurst, Addison, Stephen, Mary and John wards in Hunt's House. To close these wards will require a squeeze on beds provided for specialties such as orthopaedics, ENT, urology, general surgery, general medicine, obstetrics, gynaecology, breast diseases, cardiothoracic surgery, and cardiology;

at Lewisham, closure of one orthopaedic and one general surgery ward; and

at Hither Green, in addition to the current bed rationalisation programme, two further general surgery and orthopaedic wards will also close. This means that all such work will cease at Hither Green Hospital.

Furthermore, the long-range plans evolved by the District Management Team recommend closure of St. Olave's Hospital and one of either Hither Green or New Cross; in addition, the twenty children's beds that have already been closed at Guy's will be augmented by the closure of Sydenham Children's Hospital.

Unquestionably, the D.M.T. is faced with the awesome demands imposed by: (a) Progressive withdrawal of funding, owing to the re-allocation of resources towards less well-endowed Regions; (b) Recent cuts of the order of £1,000,000 imposed by the Chancellor of the Exchequer in August – the combination having the effect of reducing the District budget by £5,000,000 in 1988, and by an estimated £13,500,000 in 1993.

In the thirty-fifth anniversary year of the founding of the N.H.S., it is timely to examine the beast we have created and the evolutionary pressures to which it is heir. Bevan's inspired concept of free health care for all, irrespective of social or economic status, is burdened by the dual concrete realities that, as the flexibility, effectiveness and breadth of compass of medical treatment increases, so also does the necessity for funding, and, secondly, that the volume of disease does not diminish as the service improves.

Sadly, from the promising embryo conceived in 1948 has grown an unmanageable Frankenstein – screwed together from components that are not altogether compatible; butchered by repeated and largely inappropriate attempts to rearrange its anatomy; tossed between the idiosyncratic whims of its governmental masters; suffused with the sticky blood of wasteful bureaucracy. Having strutted and fretted its hour upon the stage, it now faces a slow, agonising death from fiscal malnutrition. As it dies, its final stertorous breaths will be accompanied by the audible agonies of the people it was intended to serve.

There are many who believe that there is an ulterior motive behind the Chancellor's recent cuts – that a squeeze on an already overstretched service will promote investment in, and usage of, the private sector of medicine. Doubtless, the Government is anxious to make the service less cumbersome and more efficient, but the financial tactics employed will inevitably lead to the wholesale closure of small community-based hospitals, and reduction in bed availability in larger centres, with a consequent loss in service-for-patient efficiency. If Mr. Norman Fowler's expressed commitment to the N.H.S. represents more than a hollow political placebo, the delivery of health care to the individual consumer must be seen to be maintained – a dubious prospect at present.

The future of the N.H.S. lies in the domain of the individual's ability and willingness to support the system financially. At present, the vast majority of funding is derived from non-usage dependent, indirect financing from N.I. contributors – both employees and employers. A tentative step towards usage-dependent financing was introduced with the nominal charge for prescribed drugs. With the spell of Bevan's "all for free" concept broken, there is a case for implementing a simple fee-for-service scheme, which might take the form of nominal payments (with children, the unemployed and pensioners exempted) for G.P. and Casualty Department visits, which would involve minimal bureaucracy. A compulsory in-patient tariff for "hotel services" has been challenged by many, owing to the often inadequate sickness payments made to weekly wage earners, and the blossoming bureaucracy that would inevitably follow. A voluntary in-patient contribution system is more palatable, at least initially.

At its extreme, the concept of an individually-funded N.H.S. is expressed in the Guy's Paediatric Unit's courageous campaign to invite donations in order to restore a famous, effective and efficient unit, now decimated, to its former stature (see article in this issue on page 426).

A final ray of hope rests with a recently formed governmental committee, to be chaired by Ian McColl, Professor of Surgery at Guy's, which will explore means of enhancing the quality and efficiency of health care delivery to the consumer. Perhaps, one day, the Frankenstein may grow to resemble the humanity it struggles to serve.

News in Brief

Christmas Greeting

We wish all our readers a joyful Christmas and a successful New Year.

Philip Elvy and Ian Marshall

With great sadness, we report the deaths this month of two students, Philip Elvy, a first year medical student killed in a motor accident, and Ian Marshall, a fourth year dental student; an obituary to Ian appears in this issue. We should like to express our sincerest condolences to Philip and Ian's families.

Dr. Michael Maisey

We should like to express our heartiest congratulations to Dr. M. N. Maisey, who has been appointed to the Philip Harris Chair of Radiological Sciences tenable at the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals. His appointment takes effect from January 1st, 1984.

Professor W. J. Tulley

The title of Emeritus Professor of Orthodontics has been conferred on Professor W. J. Tulley, on his retirement as Head of the Department of Orthodontics and Dentistry for Children. The School is naturally delighted at this honour. Professor Tulley continues as Dean of Dental Studies.

Surgeon Rear Admiral F. R. B. Mathias

Readers of the Gazette will wish to congratulate F. R. B. Mathias on his promotion to Surgeon Rear Admiral and appointment as Director, Naval Dental Services.

Admiral Mathias qualified at Guy's in 1952 and joined the Royal Navy soon afterwards. His immediate past appointment was Command Dental Surgeon on the staff of the Commander-in-Chief Naval Home Command.

Miss Margaret Day, O.B.E.

Belatedly, we should like to congratulate Miss Margaret Day, who was awarded an O.B.E. in the Birthday Honours List. At present, she holds the Senior Nursing Post at the London Hospital.

Dr. David Brennand-Roper and Dr. Ray Wainwright

We should like to congratulate David Brennand-Roper and Ray Wainwright on their respective appointments as consultant Cardiologists to the Dartford group of hospitals and the Brook hospital.

Dr. E. Mervyn Rosser

Past recipient of the B.M.A. Gold Medal, Dr. E. Mervyn Rosser, has been nominated to become the local B.M.A. division's sponsored candidate for the General Medical Council elections, to take place next June.

Guy's Gazette Christmas Cards

Our readers may be interested to know that Guy's Gazette Christmas Cards are presently on sale both in the Medical School Office and in the Gazette office. The picture on the cards is a copy of a drawing by Hyde Webb, of the front quadrangle of Guy's. They cost 15 pence each.



London Physiotherapy Schools' Swimming Gala

After a break last year, the Guy's students resumed their sequence of wins at the annual gala held at the Shell Centre on November 11th and collected both the Angove Cup for the overall winners and the Medley Relay Cup.

The team comprised Angela Dedman, Katie Godber, Clare Dalton, Jenny Skelton, Alyson Chapman, Sharon Turl, Tony Wilson and a crop of first year students – Caroline Joyce, Laurian Bond, Netty Fox, Phil Carter, Kim Chesterfield, Margy Knox and Gary Lewin.

South Wales Guy's Society Dinner

The 1984 South Wales Guy's Society Dinner will be held on Saturday, February 18th 1984, in the Park Hotel, Cardiff, at 7.30 for 8.15 p.m. This is the day of the Wales vs. France Rugby International at the Cardiff Arms Park.

The guests this year will be Mr. A. D. Robinson and Dr. D. Stafford-Clark. Dress is informal. Guy's men and women who would like to attend this excellent event are warmly encouraged to write to Dr. C. E. C. Lewis, Glenhaven, 129 Cardiff Road, Taffs Well, Mid-Glamorgan, CF4 7PP. (Tel: 0222 810823).

Guy's Hospital Society, Bournemouth and Wessex

The twenty-eighth Annual Dinner of the society was held on November 4th at the Durlston Court Hotel, Bournemouth; over fifty members and guests attended. Dr. J. P. Lee-Potter was in the chair. At the A.G.M., the following were elected to office: Chairman – Mr. E. H. Archard; Hon. Secretary – Mr. R. Wood; Hon. Treasurer – Dr. P. Loxton. After the dinner, the Chairman introduced the Guest of Honour, Prof. J. S. Cameron, who gave a résumé of events at Guy's during the last year.

Obituary

Ian Martin Marshall

The news that Ian Marshall had died suddenly on Thursday, 17th November 1983, came as a catastrophic shock to his friends and colleagues. He was twenty-two years old.

Ian joined Guy's Hospital Dental School in September 1980, and quickly established himself as one of the most conscientious students in his year. Passing 2nd BDS in June 1981, he started work in Guy's Tower sharing a quiet rapport with patients and staff alike. He passed Parts I, II, III and IV 3rd BDS comfortably. More recently in the Children's Department, Ian's gentle and sympathetic nature won the confidence and compliance of his youngest patients. He was greatly looking forward to qualifying and joining his father in practice.

Ian was a sensitive man, surprising those who knew him with a hidden talent in his pen and ink drawings and oil paintings. We will remember him for his willingness to help, his diligent attitude and always with a smile. We extend our deepest and most sincere sympathy to his family, relations and friends.

D. J. B.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are January 19th and February 16th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Clubs' Union News

Much of the Union activities of the past month have been concentrated on this year's Snowflake Ball; a report is published in this edition. Exams of various sorts have also intruded into the normally serene day-to-day running of the Clubs' Union – so, at this moment, news is relatively sparse.

Therefore, just before I head off to sunny South Africa, please permit me a brief soliloquy on several points which have struck me in the past months in office.

It is true that, in a place as large as Guy's, communication is always going to be a problem, no matter how many newsletters that we issue. Sadly, the feedback we receive about major issues is minimal – it's usually confined to comments from friends, or other Council members. Certainly, the Year Reps can communicate a limited amount of general opinion, but much of the undercurrent of feeling goes unnoticed – perhaps this is a good argument for reinstating Union General Meetings once a term, but whether these would be well enough supported to be anything more than a question and answer session is debatable.

The Clubs' Union is run for the benefit of all students of Medicine and Dentistry at Guy's. We are acutely aware of the physical and psychological barrier that exists between the two groups, because of their different places and styles of work. At the moment, communication must depend largely on the enthusiasm of the Dental Vice-President (if the President is a Medic) and, to a lesser extent, on the other Dental Reps on the Council. I would like to see more cooperation between the Union Council and the Dental Society – the demented ramblings of an ageing President? (Thanks, Eugene!) Perhaps it's time I handed over to a younger man (woman?).

That person and his/her committee will take office at the A.G.M. next February. I hope you will take that opportunity to air your opinions and have your questions answered. In the meantime, a personal approach to Council Members ought to lay doubts to rest.

Until February I leave you in the capable hands of John Edwards – farewell, till then!

Simon Ward

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The Evelina Children's Department, Guy's Hospital – A Campaign for Restoration

by Michael Joseph

The Evelina Children's Department was formed in 1975 when the Evelina Children's Hospital in Southwark Bridge Road, London S.E. 1, closed and was amalgamated with the Paediatric Department at Guy's Hospital. The Department provides one of the major children's hospitals in London with a range of services which in some instances are not available elsewhere, or only available at the Hospital for Sick Children, Great Ormond Street. The majority of children and families who attend the hospital reside outside the area served by the District Health Authority (DHA) or, in many instances, outside the Region.

Since 1975, the total number of trained staff (sisters, staff nurses, state-enrolled nurses, nursery nurses and nursing auxiliaries) has been increased, but this increase has been partially consumed by national directives concerning reduction in nursing hours. It is now estimated that proper nursing support for all the activities within the Department will require about 170 trained nurses compared with the 138 currently provided.

Since 1979, bed occupancy and turnover per bed have increased substantially. In one sense, this demonstrates a commendable increase in the efficiency with which resources have been utilised, but the impact on the under-provision of nurses has been considerable.

The reasons for the increase in activity are multiple. Obviously the reputation of the Department has increased with more referrals from GPs, from other hospitals and self-referral via the Children's Accident and Emergency Department. The possibility of survival for conditions, previously thought to be mortal, when treated in a unit with modern facilities has been of major importance. Many examples could be given from Reye's syndrome to renal transplantation, from major burns to cerebral oedema, from congenital heart disease to neurogenic bladders, and the treatment of very low birthweight babies. It is relevant that the perinatal mortality in the Guy's District has fallen from 26 to 16 per 1000. Clearly the development of the Regional specialist services has been a major factor. However, the admission rate for District general paediatrics has also increased. Overall, 60% of the inpatients come from outside the District Health Authority.

The Evelina Children's Department provides the largest children's hospital within the confines of a District General Hospital in London and probably in the United Kingdom. It represents an exciting new development for the care of children in hospital in that it was envisaged when it opened that it should be able to provide a proper environment for the care of children in hospital, as available in separate children's hospitals, in conjunction with access to high technology resources which are simply too expensive to provide in small children's hospitals. To a large extent, these ambitions have been realised and it is important to note that the yearly costs per bed, cur-

rently £37,000 p.a., is considerably less than the costs per bed at, for example, a large children's hospital.

In July 1983, the DHA instructed that the clinical activities of the Department should be restricted to curtail the expenditure on the employment of nurses and since then 16 of the 108 general beds have been closed along with 4 vital intensive care beds; this amounts to an overall reduction in activity of 20%. This 20% reduction in available service has necessitated the refusal of the admission of seriously sick children, for some of whom no appropriate comparable service is available elsewhere, and is equivalent, in financial terms, to the closure of 36 ordinary beds.

There is an immediate need for funds to re-open the beds and there is also a sustained need for additional funds to pay for the future care of sick children.

£40,000 is required each and every year to pay for the nursing care of just one intensive care cot and we need, at times, to maintain fourteen such cots. This is an additional eight cots to the present complement of six cots. The target therefore totals £320,000 this year and, because of increasing costs, considerably more in succeeding years.

In order to restore our Department to its former capacity, we urgently need your help, by way of direct contribution, in order to achieve it. The DHA is sympathetic to our needs and this Appeal has the Authority's full support.

It will be of interest that Mr Harry Guy, a descendant of Thomas Guy, founder of this Hospital, is supporting our Appeal and is actively helping with our fund-raising activities.

I have been asked to be Chairman of the Appeal and invite all those associated with Guy's to help as generously as possible.

Would you please make your cheques payable to: "Evelina Children's Department Fund - Special Trustees" and send to:

Dr Michael Joseph, Consultant Paediatrician,
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The Snowflake Ball

by our Balls Correspondent

For the first time in living memory, the annual ball was held outside Guy's, and it was the Glaziers Hall instead that resounded to the cacophony of rustling taffeta. The general hope had been that moving the ball away from the salacious East Wing to the more ethereal setting on the river would raise the tone of the evening beyond that of an Inflam in hastily borrowed DJs. Indeed, the standard of turnout was a lot higher than usual, and there were mercifully few velvet jackets with maroon bow-ties. In fact there were even very few frilly blue dinner shirts, so Guy's really is going up in the world.

After arriving at the Hall, one was greeted by a doorman who was as decorated as the C-in-C of the Pretorean Guards. Despite his impressive attire, quite a few gate-crashers still managed to attend by using some of the oldest ruses in the book, which is always galling for the rest of us. Once past this minor obstacle, the paying and non-paying guests were able to buy drinks at prices which one hopes will not be charged in the Boland House bar for at least ten years, allowing for the present rate of inflation. One then did one of four things: (a) returned to tank-up at the Guy's bar, (b) smuggled in one's own booze, (c) sipped cautiously all evening or (d) bummed drinks from one's friends.

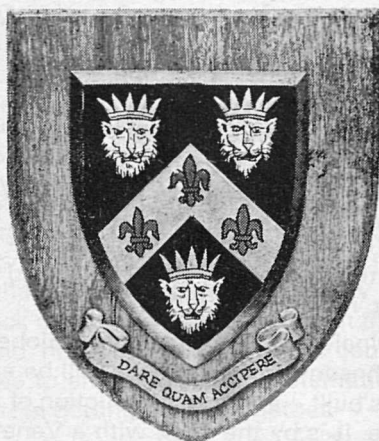
Many of us had experienced a little disappointment with previous Snowflake meals, so it was with not a little caution that one shelled out the extra Local Authority drinking vouchers to have some food as well as ambience. It was therefore a little surprising to find that we were expected to serve ourselves – a far cry from the good old days of being served by the female fresher neonates in their fishnets and mini-skirts. After dinner there were many diversions. The Pasadena Roof Orchestra was excellent and had everybody getting down in what ever way they got down best. Even the younger consultants (well done George!) strutted their stuff along with the best of the physio pelvic thrusting. Apparently a band played upstairs, but a brief sortie found that they were doing Bucks Fizz remakes, so one gave it a bit of a miss. The Gentlemen of St. James proved to be the highlight of the evening, singing without accompaniment some superb arrangements of well-known songs. What a shame the philistines of Guy's didn't give them the silence they deserved. Upstairs the same old faces from the video machines were crowded around the roulette table, frittering away vast family fortunes until the house refused to raise its credit limit any further. We lost many students that evening due to acute financial crises. They will be sorely missed.

All in all, a fine evening, and one which I shall recall hepatically for years to come. Many thanks to the army of selfless helpers, and the equally large army of overseers of armies of helpers, who made it all possible.

In the next edition of the Gazette we are hoping to publish a selection of the best society photos from the Ball, so please send any prints you would like considered for publication to "Society Photos", Guy's Hospital Gazette, Guy's Hospital, London SE1 9RT.



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Southwark Cathedral: Old History, New Life

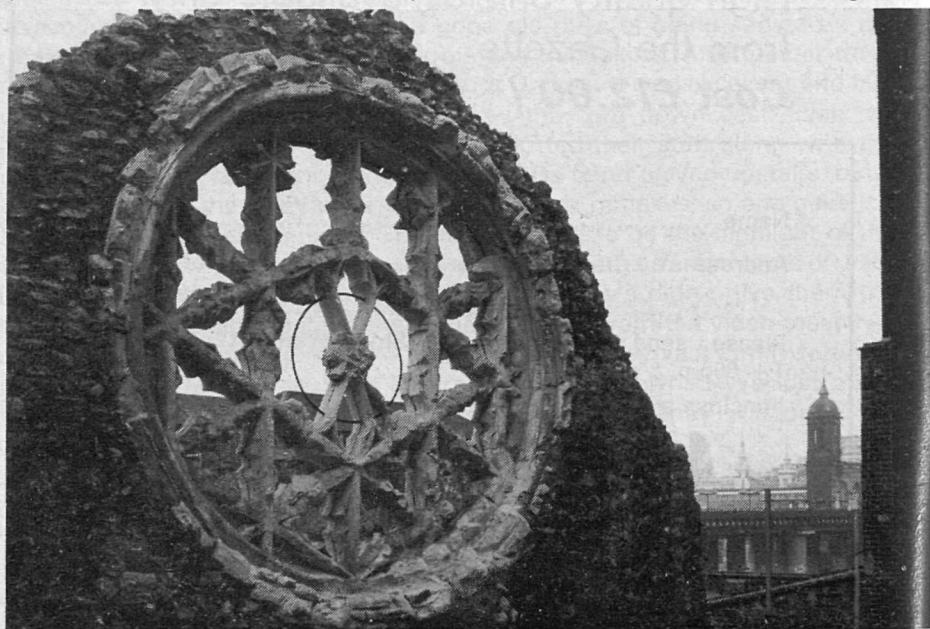
by David L. Edwards

Anyone viewing Southwark Cathedral for the first time will think of it as a handsome, towered church – in depressing surroundings. Don't I know it! When I arrived to be Provost of the Cathedral at the beginning of 1983 I had been Dean of Norwich. Instead of the great lawns and fine houses of the Close, here are the Borough Market for fruit and veg., the railways and the roar of traffic across London Bridge.

But 1983 was a year of discoveries for me.

There has been the discovery of Southwark's past. An exhibition by the local archaeologists in the Cathedral showed me how they have proved the existence of quite a large Roman suburb. The nearby London palace of the medieval Bishops of Winchester (whose prison was the original "Clink") is also being excavated. It was one of a number of fine houses or taverns surrounding the start of the Canterbury Pilgrimage and of many more secular journeys to the sunnier, richer South.

In 1984 the original site of Shakespeare's Globe theatre (very near the brewery where Dr. Johnson so often stayed) will be excavated before a new block of council flats is built – and a reconstruction of the theatre will be built next to my own house. It is by the river, with a Venetian view of St. Paul's. Although at present it is an urban wasteland, I don't wonder that Sir Christopher Wren chose to live on this spot while his masterpiece was arising, and



A remnant of the London palace of the medieval Bishops of Winchester.

my only quarrel with William Shakespeare is that he did not choose to be buried in Southwark alongside his brother Edmond, a "player".

In the Victorian Age North Southwark became densely populated. Now that the docks and most of the factories have closed, the people remaining in the council flats are fewer and more anxious. During the last half-century the population has about halved, and now one in four of the workforce is unemployed. "Homes and jobs" is the angry slogan. But what homes and what jobs will be practical propositions in the 1990s?

Like it or not, part of the answer will lie in development along the river's South Bank. In 1983 Grindlays Bank opened a large, splendid new headquarters in Montague Close between the Cathedral and the river, and they are either renovating or tearing down derelict warehouses nearby to make more offices. An even larger development is "London Bridge City", about to be built between London and Tower Bridges. So thousands of office workers are, or will be, within reach of the Cathedral.

The Borough Council is doing its utmost to stop further office development, and the Cathedral has gladly housed an exhibition by the militant North Southwark Community Development Group. But much of this development is going to take place whatever the protests and surely it will do something for the area. There is a lack of human contact between the people with different stakes in the future and, hoping to help, we have converted a basement into a room where we hope to entertain rather systematically in 1984. We have no "party line" apart from getting people together.

That is a temporary measure. To meet the new challenges more permanently, a start has been made on building new meeting and eating rooms, vestries, lavatories and so forth, next to the Cathedral. Under my predecessor (Harold Frankham), half a million pounds was raised despite the recession. We still need another quarter of a million to complete the project and we hope to be given it during 1984.

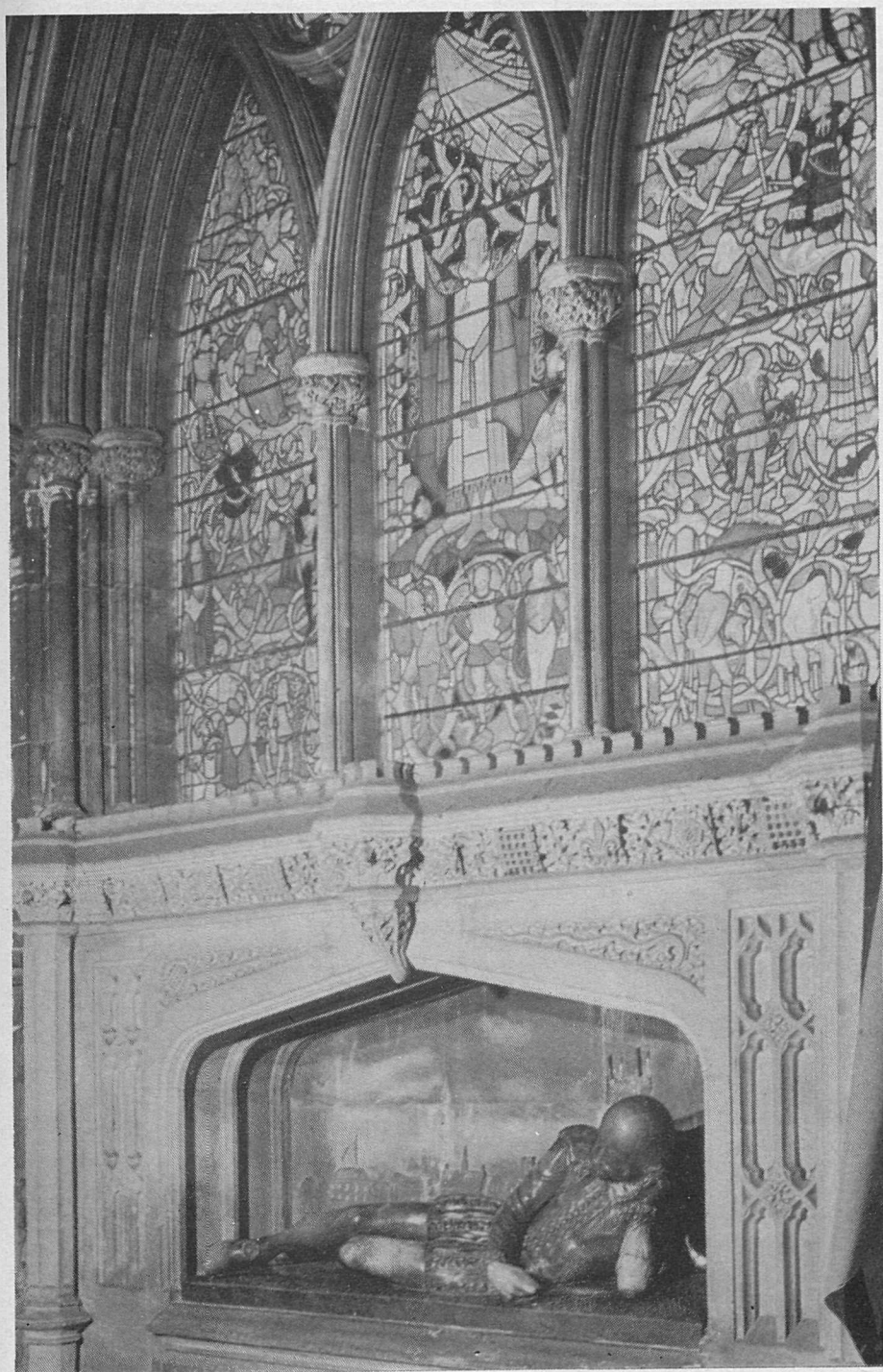
Already we have added to our programme of services and concerts. This is not an innovation; the organisations already using the place for music and drama recently clubbed together to give us a new movable stage. But from autumn 1983 onwards we have provided a Communion each lunchtime, followed by another event. For example, every Tuesday brings a live concert, usually by students of the London colleges.

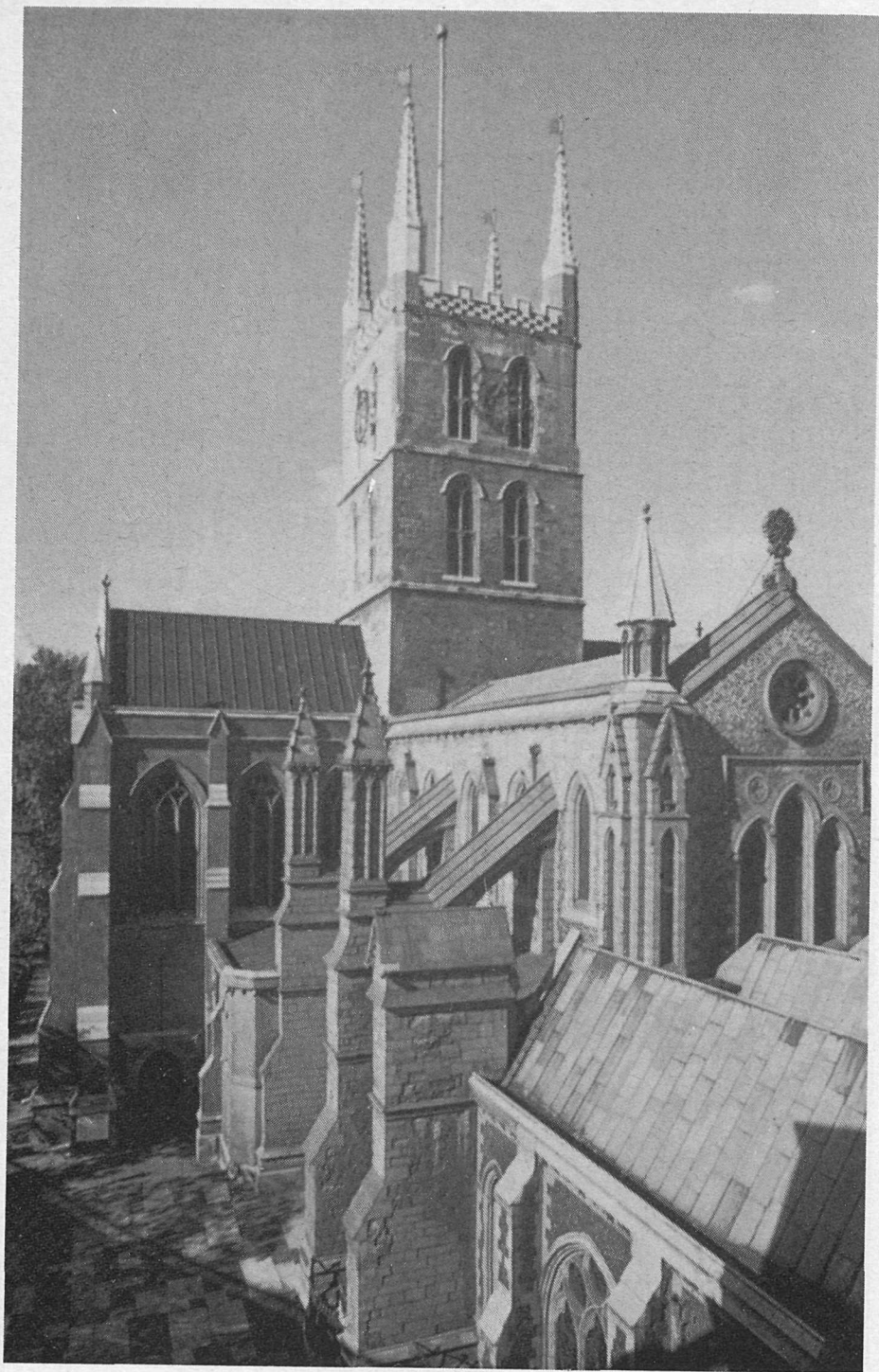
Lunchtime numbers have been modestly encouraging. Each month we distribute a fresh coloured photograph on a poster giving news of our events. And sometimes it helps that we have installed a new gas boiler to keep the Cathedral warm.

We are also improving the garden, a much used public amenity when it is warm outside. Our financial resources do not match our hopes, so that we were delighted to receive an offer by the Community Task Force to use jobless youngsters on this project without charge to us. In the summer other young volunteers did a lot of jobs around the place – cleaning, carpentry and painting – in an enthusiastic "Cathedral Camp".

A beautiful church is itself a refreshment, specially in an area such as







this. Southwark Cathedral is the oldest Gothic church in London and it was a shame that industrial grime covered it. In recent years much of it has been cleaned, painted and lit. Now we are trying to complete the programme with the help of the Friends of the Cathedral (and, yes, the organ needs repair!). Because it is not a large place as Cathedrals go, we hope to be able to make it the best maintained great church in the nation – a considerable ambition, since England's churches are the world's best.

But what is a church for? We hope that those who drop in for a service or a concert will ask themselves this question.

To provide the answer means a lot of work. Some of it is, of course, paid work and for a clergyman given responsibility for an ill-endowed Cathedral that means financial headaches, although we are learning that we have a supportive diocese around us. We needed a better office, where three secretaries are kept busy. So we have sold the old one and moved into the eighteenth-century Chapter House in St. Thomas Street.

But a lot of the work done is voluntary. I have served in a succession of great churches which are full of unpaid helpers – St. Martin-in-the-Fields and Westminster Abbey before Norwich Cathedral. Southwark has a band of helpers second to none. In the office four volunteers come in most days and in the Cathedral three men are almost full-time helpers to the vergers. The bookstall, the coffee bar, the flowers – all need manning or womanning.

Such work enables quite a heavy teaching programme to be conducted. Every Thursday evening hundreds of lay people come to the Cathedral for training. Regularly there are training days for people in South London's parishes. Events have included (for example) a national ecumenical conference for theological students. There are many smaller lectures, meditations and dialogues.



Because so many chores are taken off their shoulders by the laity, the clergy are also free to go outside to teach, remembering that the Anglican diocese around the Cathedral has about two and a half million people in it. An average week brings me two such engagements – preaching, meeting the clergy in their Deanery Chapters, or opening discussions for the laity. I find it interesting to experience the variety in our parishes, which stretch down into the lush pastures of North Surrey. My three full-time colleagues do as much or more.

Three others of the Residentiary Canons spend almost all their time helping the mission of the parishes, and the honorary “part-timers” who have a base at the Cathedral include the director of Charterhouse-in-Southwark (who does most of the pastoral work in homes around us), a lecturer in physiology at Guy’s Medical School and the chaplains of Guy’s Hospital and of the Polytechnic of the South Bank. We even have an Honorary Deacon, who is a nun on the diocesan staff as the Dean of Women’s Ministry. So we are not a remote Barchester.

What the Cathedral is for is explained when it teaches the Christian faith in a way that is relevant to South London. And another part of the answer comes when it is used for private prayer. The Harvard Chapel (the founder of Harvard University, a Southwark butcher’s son, was baptised in 1607) is set aside for that, with the sacrament “reserved”; and the four altars created by Sir Ninian Comper in the 1930s in the thirteenth-century Retro-Choir adorn another place of peace.

However, the main emphasis is beyond question on the corporate nature of the Eucharist, using the Alternative Service Book. The Sunday congregation, while not immense, is a good mixture of women and men, black and white, older and younger, regulars and visitors. In this area which needs every kind of renewal you can think of, they are a part of the Body of Christ. Above them the twelve bells ring, in a round which is one of the few lingering echoes of the Middle Ages.

David Edwards is Provost of Southwark Cathedral.

London Medical Group

“Madness or Eccentricity: How society reacts to unusual behaviour.”

reported by **Juliet Goff**

Every seat was filled, and still people poured in to sit on the steps or to stand in the aisles. By 5.45 p.m. on Thursday, November 17th, the Anatomy Theatre in the Medical School at Guy’s was bursting. They had come from near and far to the L.M.G. symposium entitled; “Madness or Eccentricity”.

The meeting was chaired by our Dean, Dr. Houston, who, when a hush finally descended on the vast audience, introduced the two guest speakers: Mr. Eryl Hall Williams, a distinguished criminologist from the L.S.E., and the well-known psychiatrist, Professor Anthony Clare from Barts.

Mr. Hall Williams was the first to speak. From a lawyer's point of view, the fundamental question was, he said, whether madness could excuse crime and therefore make the usual punishment inapplicable. Various legal tests were reviewed. The first was the McNaghten rules, which found their origin in the answers of the judges to questions posed by the House of Lords, following the case of Daniel McNaghten, who shot Sir Robert Peel's secretary in mistake for Sir Robert Peel. The rules state that, to establish a defence on the grounds of insanity, the defendant must be suffering from "such a defect of reason, or disease of the mind" that he

(a) does not know what he is doing, or

(b) knows what he is doing, but does not know that it is wrong, and it must be proven that this was the case at the time of committing the act.

In the Homicide Act of 1957, however, allowances could be made for cases of "diminished responsibility". In such a case, if the defence can prove substantial impairment of mental responsibility by reason of abnormality of mind, a charge of murder would be reduced to manslaughter.

The basis of diminished responsibility is abnormality of mind arising from a congenital defect, disease or injury. Mr. Hall Williams emphasised that drink, drugs or bad temper could not give rise to it. He argued that, as diminished responsibility is a question of fact, it is for the jury to decide if a man has impaired mental responsibility or not. Entrusting this task to "twelve good men and true" is not just the result of the Englishman's love of the amateur: it also underlines an important sense of individual responsibility. So, society has reacted to unusual behaviour by forming juries, and entrusting them with decisions such as this.

Professor Clare rose to his feet, still, I think, smarting from his colleagues' rough treatment during the Sutcliffe trial. There, the jury rejected evidence given by two psychiatrists, both of whom asserted that Sutcliffe was severely psychotic.

The jury might, he said, be "twelve good men and true", but they probably do not understand much of the relevant law, or a great deal of psychiatric evidence. Professor Clare argued that it was hard enough to establish "disease of the mind" at the time when the crime was committed, and it was virtually impossible to prove this to a jury, who were all the while being bombarded by the popular press's view that the defendant would be "let off, if the psychiatrists had their way". In any case of hideous and repulsive crime, a jury of men, "taken off the Clapham omnibus", did not merely want justice; they wanted retribution, and the evidence of the psychiatrists did not help this cause.

He asked how psychiatry could win when, on the one hand, it was viewed as devaluing the odd and unconventional behaviour of eccentrics, by labelling it as "mental illness" and causing harmless people to be locked up; and on the other hand, as the epitome of sloppy, liberal idealism, excusing anyone from any crime.

Professor Clare reminded us that one cannot diagnose the mental state on evidence of behaviour alone, and explained the difficulties of a psychiatrist giving evidence in a court of law. The two professions seemed to be so far

separated, by the abstract thinking of lawyers, and by their making words like "insanity" part of their legal jargon, when such words are actually very hard to define in medical terms. He urged his colleagues not to give evidence in a court of law, until their opinions were treated with greater respect.

He touched on the immense problem of establishing institutions to house mentally ill patients in the face of hostility by local residents. Then we were all made to feel most uncomfortable, with his concluding his talk by stating that five percent of medical students, at some stage, would become "mad", and that these people would truly learn how society reacted to unusual behaviour.

The occasion was an unusual one, perhaps because the recent trials of Sutcliffe and Nilsen gave the subject a criminal slant and slightly distorted the L.M.G.'s original intention. In retrospect, the symposium might have been more complete with the presence of one of Her Majesty's Judges. However, this could not have been foreseen, and in any case, it was a fascinating evening.

Both our guests spoke well. Mr. Hall Williams was clear, concise and jovial, and the entire audience were agog as Professor Clare gave his electrifying and almost theatrical performance.

It was a pleasure to be a part of such a large and enthusiastic audience, and it is to be hoped that there will be a similar turn out at the next L.M.G. symposium held at Guy's. This will be on Thursday 26th January, at 5.45 p.m., when the subject will be: "Private Medicine: reaching the parts the N.H.S. cannot reach."

Lord Nuffield and Nuffield Place

by Dorothy Silberston

Many of you will know from the statue of Lord Nuffield at Guy's, and from the use of his name at the hospital in connection with his gifts, that Nuffield was one of the most generous benefactors to give his help here. It is also well known that the links with Guy's developed from contacts with doctors at Guy's who went to play golf at the Huntercombe Club, in Nuffield, where William Morris, as he then was, also played. The Clubhouse, where they all met, is still there, and so is Nuffield Place, Lord Nuffield's former home in Oxfordshire, about 100 yards away. This is now owned by Nuffield College, Oxford, and remains much as it was in Lord Nuffield's time, a remarkable survival largely from the 1930's, when he moved in and furnished it. Oxfordshire County Museum Service is most anxious to take over respon-



Viscount Nuffield (front row, third from left), together with Consulting Staff associated with Nuffield House.

sibility for the house, to look after it and its contents with the skilled care they need, and in due course to open it to the public. Apart from the furnishings which are quite probably unique, there is the association with this extraordinary man, who started from nothing, built up the Morris car industry, brought cheap motoring within range of the man in the street, and then gave away 30 million pounds in his lifetime, quite apart from the benefactions which still continue.

Negotiations with Nuffield College have reached a point where agreement could be reached, subject to one last hurdle – money. It is ironic when writing about Lord Nuffield, but the fact is that without £350,000 which needs raising, the chance of securing Nuffield Place will probably disappear. The Oxfordshire County Treasurer needs this as an endowment.

The thinking now is to set up a Friends' Organisation, to raise the money, and to approach those who have benefited from Lord Nuffield's generosity, to seek their help. The Royal Colleges of Surgeons and of Obstetricians and Gynaecologists have undertaken to mail all their Fellows, world wide, when the time is ripe, because at both institutions a building exists directly due to a benefaction from Lord Nuffield. Indeed, at the Royal College of Surgeons, there is a Professorship funded by him as well, plus links with the massive gifts to orthopaedics in all directions, and to dentistry also.

In view of the tremendous influence that Lord Nuffield exercised at Guy's, it is hoped that Guy's men and women worldwide may wish to become associated with the establishment of such an organisation. Anyone wishing to do so is warmly encouraged to contact: Mr. J. A. Bateman, Director of Museum Services, County Museum, Woodstock, Oxon, OX7 1SP.

Quodlibet Society

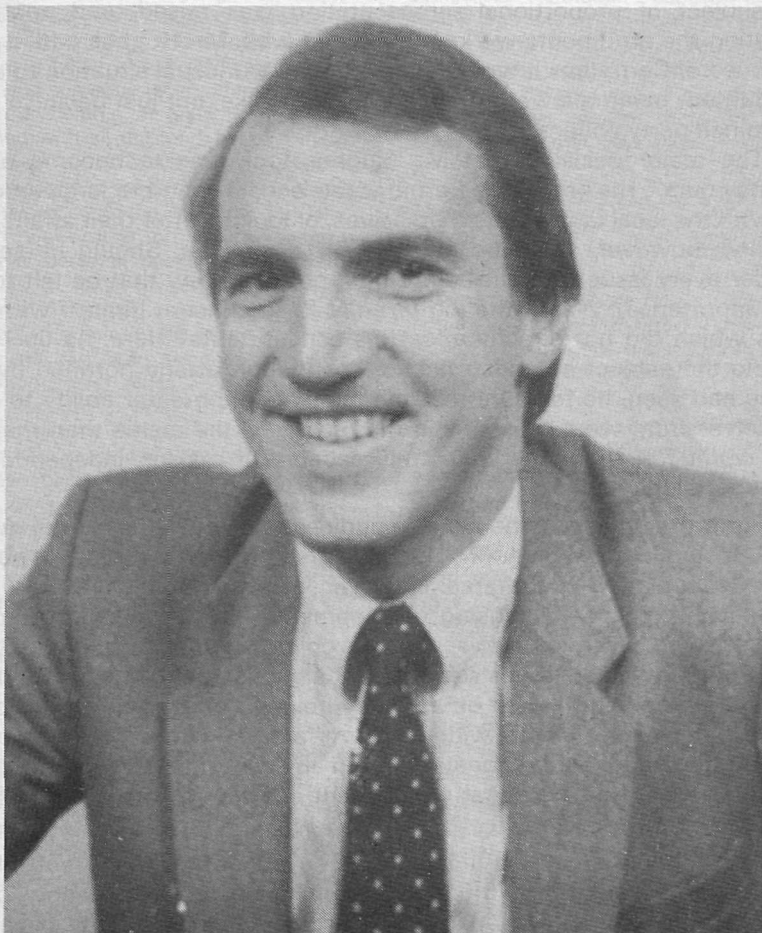
Mr. Simon Hughes, M.P.

Some of us were surprised when we heard that a liberal candidate had won the Southwark and Bermondsey by-election in 1982. Many more were astonished when that same liberal held his seat in the General Election last summer. So we felt ourselves privileged when, last month, Mr. Simon Hughes, M.P. for Southwark and Bermondsey, came to Guy's to speak to the Quodlibet society.

"Life as a member of Parliament" was the topic that Mr. Hughes was originally asked to talk about; but he confessed he felt himself too much of a novice to speak with authority on this subject. Instead, he wished to discuss the priorities of an M.P., and the various choices that had to be made in order to reach a decision concerning those priorities.

He proceeded to outline some politically relevant features of his constituency. The people of Southwark, he said, had been represented in Parliament since 1295, and the seat has been occupied, in turn, by members of all

the major political parties. It was not until the recent boundary changes that part of Bermondsey became incorporated to form what is now correctly called the "Constituency of Southwark and Bermondsey". It differs from most other areas in the country in that four-fifths of its population live in accommodation rented from the council – a phenomenally high proportion. It is, sadly, a part of the world that has declined enormously since the War, largely because of the closure of the docks. With the decline in trade and wealth came the inevitable decrease in population; and what was once a prize municipal area was gradually taken over by the Welfare state.



Mr. Hughes modestly suggested that good fortune alone was responsible for his embarking on a political career. By education a barrister, he became involved in local politics while working with youth groups in what was to be his future constituency. It was only because at the last moment a large and important case was settled that he found himself able to stand for parliament at all! The unease that he felt living just outside his constituency was lifted overnight by the boundary changes' coming into effect.

Once elected, it was quite possible to spend every hour of the day working at Westminster: attending every parliamentary session, sitting on various sub-committees, and so on. However, with such a small liberal representation, the opportunity for influence on issues at parliamentary level was obviously limited. Mr. Hughes thought that to spend so much time to so little effect was pointless.

To become a "party person" was another possibility, and for a liberal not one to be dismissed lightly, bearing in mind the fact that on a national scale, each liberal M.P. represents a huge proportion of the voting public. The sore subject of proportional representation was raised, and apart from reiterating the arguments we know only too well, Mr. Hughes added that in the House of Commons it would enable the now unusual situation to exist of an argument being allowed to win for its own sake, not just because of pre-determined party politics.

The major decision that Mr. Hughes took was to become a "constituency man". His home is in Bermondsey, and he spends a large amount of time with the local inhabitants themselves, or looking after their affairs. There remained, however, a number of choices to consider. Should he seriously consider every issue brought before him, or only a few that he felt to be of great importance? Was it the job of an M.P. to concern himself with moral issues which did not directly affect his constituents? Here, he used as an example the subject of "video nasties". Although utterly horrified by those that he had seen, he felt sure that the public had a greater ability to detach themselves from what they saw in the press and the media than they were given credit for; that they were truly capable of making independent and honest decisions.

From the floor, members of the audience inevitably raised the question of N.H.S. cuts in our region. Mr. Hughes agreed that these were, in part, due to the depopulation of the area. However, he was optimistic that with the completion of the new housing developments along the South Bank, the problem would cease to be so severe. His opinion was also sought on the use of referenda to decide issues such as capital punishment. The result, he said, of such a referendum would be an overwhelming majority in favour of reintroducing it. In spite of this widely known fact, he did not feel he would be betraying the people of his constituency in any way, if, in a free parliamentary vote, he were to reject capital punishment contrary to the wishes of many whom he represented.

Mr. Hughes struck his audience as an honest man of great integrity, qualities one does not expect to find in a politician. But he did show, once or twice, that he shared with many of his colleagues the infinite capacity to evade successfully an issue when he so chose. His talk was both informative and enjoyable for the small audience who heard it. Indeed, its only disappointment was that scarcely a student of the Hospital was there! This was both inexplicable and inexcusable if one considers how many at Guy's must have so recently voted Mr. Hughes into office.

Juliet Goff

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Just back from a fact-finding mission and being debriefed over a couple of tinctures at the House, when I hear this learned organ's name being taken in vain. What could be wrong? Had someone taken offence at – or read – this column at last? Had George absconded with all the funds? Had it been published on time? Quickly leaving before anyone thought to stop me, I was relieved the following morning to find out the problem was more prosaic – despite rumours of personal telephone calls from secretaries of state to golfing scotsmen. Apparently, some load of loonies managed to offload an article in the rag back in the 1960's, and had been using our name in their support ever since – a somewhat dubious support, I would have thought, which shows how dubious the outfit must be. Quite how it got in is a mystery (the lads must have been very short of copy that month!), as is the real identity of the author and provenance: still, for some reason the chappies concerned don't ever mention that, nor the extremely hostile response that followed in subsequent editions. Fame at last... but of the wrong kind, I fear.

My sources inform me that the Snowflake was a superb ball, marred only by the reduced numbers of people attending. Indeed, I understand that quite a few dinner seats remained unsold. It is a great shame that so much hard work faltered due to mistaken planning – though, I suppose, there would have been more work to do if the East Wing had been used instead.

One good thing about the away fixture – and its relatively poor home support – was that it left the way clear for an 'Anti-Snowflake' in HQ. I hear that some chaps found that they could buy a lot of beer for £17.50, if not necessarily drink it all.

Ageing fogies such as myself fail to recognise so many people in HQ these days – a change accentuated by the sudden disappearance of the final year medics on elective. I hope they make the most of the last two months' holiday they have before

retirement – although I suppose this is no longer true with the present job problems. Still, spare a thought for the poor unsuspecting countries that are being invaded: I, personally, feel especially sorry for Vancouver, though there are several other places that also deserve our sympathy.

Overheard on HQ: "_____'s off his feed; EEC food mountains grow."

Quote of the month: "When I was a medical student I would never have dreamed of asking the House Officer what bottles to put blood into!" (This from a person who was one himself three months ago.) Thank you, Professor Sir Robert Logan.

Rumour has it that in a recent fire in the Nurses' home, six firemen entered the building, but only two managed to escape.

Talking of fires, the recent maintenance operations in the Tower, including the installation of a sodium arc lamp, caused temporary but considerable disruption one foggy night a month ago when the swirly mists lit up by the orange light led switchboard to be inundated by calls that it was burning down. Just about every appliance in central London appeared – which just makes one a little worried by the consequences if such a building really did burst into flames!

Overheard in HQ: "Being ill in the toilets brings out the baritone in me!"

Shock! Horror! What has happened to the days of yore – I understand HQ now only accepts cheques with banker's cards. If so, why stick at £5 still?

Talking of the old dive, I hear that plans for the bar extension have been dropped due to cost (£30–£40,000). Perhaps it is a case of too much being attempted too quickly. Some less ambitious improvements are still needed, but could be achieved at much less cost.

Nursing

A Tribute to a Guy's Nurse on her One Hundredth Birthday

Miss Kate New, a founder member of the Royal College of Nursing, was born in London 100 years ago on November 1st, 1883. After leaving Miss Coles' School in Roehampton, she studied art at Putney Art School before starting her life-long ambition to be a Nurse at Guy's Hospital, in 1908. The age of entry was higher in those days!

After qualifying in General Nursing (her salary being £4 in the first year, £8 in the second year and £12 in the third year with one day off a month), she did her midwifery course in the Borough. She was then asked to be a Night Sister and a year later she became Sister of Naaman Ward which was a men's surgical ward. Three years later, Miss New became Home Sister which included catering for some 300 or so Nurses during the difficult days of the Great War. It was during these days that she saw the first German Zeppelin to fly up the Thames.

Miss New had volunteered to join the Forces at the outbreak of the 1914-1918 war, but was persuaded by Sir Cooper Perry, Superintendent of Guy's, to remain on his staff. In 1918, however, General Fell, Director General of the Royal Air Force Medical Service, and himself a Guy's man, asked the authorities at Guy's for two senior nurses to help establish his newly formed Nursing Service. Thus it was that Miss New and one other were selected, Miss New going to R.A.F. Old Sarum. After two years in the R.A.F. as a founder matron (one of three) at Old Sarum and later at Halton Isolation Hospital, she longed to leave the life of hospital administration and returned to full-time nursing, which enabled her to live at home with her widowed mother and younger sister.

She approached her own doctor in Northwood, Middlesex with her idea of starting a private nursing service, working with the local doctors, and this was enthusiastically received. For the next 30 years, Sister New, as she was known, became one of the first District Nurses for rich and poor alike. It was hard work but "Oh! So interesting," she says. First by push-bike and then in her Baby Austin 7, she visited her patients, carrying a small sterilizer in her bag. She assisted the doctors to perform not only T's. and A's. but abdominals on the kitchen table! It became a 7-day week on 24 hour call.

During the 1939-1945 War, when she was between 56 and 62 years of age, she continued nursing her patients, driving through the black-out and air-raids. She was asked by the Red Cross to open up the first Casualty Cleansing Station in Northwood and, I believe, was the Red Cross Superintendent for a large area.

In 1948, she introduced the first National Health Visitor to her "patch" and two years later she retired. Now, aged 100 years, she is very happy and well looked after at Elmbank Nursing Home, Carlton Drive, Putney, still alert, cheerful and keenly interested in all aspects of the Nursing Profession.

Dorothy Deane

Physiotherapy

The Guy's Hospital Physiotherapy Association met in Shepherd's House on Saturday, October 15th an excellent buffet lunch, a couple of stimulating lectures from eminent physiotherapists talking of matters of major concern to the profession, tea and a considerably brief general meeting. Plenty of time for conversation, room for an exercise in nostalgia, a glimpse of *temps perdu*, an opportunity to learn about something new and a chance to meet old friends. Yet we, the organisers, were within a whisker of calling it off a short while before the event, because of lack of support.

Why is it so difficult to get people to do something which they so manifestly enjoy doing once they are cajoled into doing it?

Not solely a physiotherapeutic problem, it is appreciated – hymns to Apathy have been sung in the Gazette for years. Not a Guy's problem, solely, either, as any former pupils', ex-comrades' or old lags' association secretary is all too sadly aware. But it remains a curious phenomenon – not because it is odd that busy people should have more pressing matters to attend to on a Saturday afternoon (not to mention a mid-week evening, which is the alternative setting), but because, if by some oversight they inadvertently find themselves present, they actually enjoy the experience. Do they then come again the next year, ring up their friends and arrange to meet them, make a note in their diary to ensure that they will keep the date free? In a word – association secretaries will join in the chorus – No.

Never go back, they say. To cling to the past is a sign of immaturity. No one would recognise me and I would not know anybody. Who wants to be made to face the passing of all those years? Good, reasonable, cogent objections – no one would recommend a backward-looking view as an aid to progression. But as we are persuaded that a firmer grasp on our past is conducive to more effective planning of our future in a historical sense, why not in a personal context as well?

So many of the worthwhile things about Guy's – mostly intangible, many emotive – are threatened by current expansions or, more probably, contractions. So many disruptions, changes seemingly made for the sake of change, so many eggs broken to make so many disappointing omelettes – is it not essential that we organise ourselves the better to retain the strengths we had?

An odd and mawkish lesson to draw from a poor turn-out at an Old Girls' Meeting? Maybe so, but it is down-putting to be made to recognise that a joyous, free-wheeling and, above all, useful spirit of enterprise can so rapidly be halted by a soggy morass of indifference. Come on, Guy's physio's, you can do better than this! Are you – says he provocatively – waiting for your first Old Boys? Well, they appeared this year – *Hommes Nouveaux* 1983 – so let us see if they will stimulate the G.H.P.A.

Have a good Christmas – and make a resolution to come to the next meeting in October 1984.

Ronald J. Cooper

Book Reviews

"Notes on Antimicrobial Therapy", by Jane Symonds. 1st edn. Pp. 105. Price £4.25. Cover S. Published by Churchill Livingstone.

This is a useful and up to date little book. The main sections deal with the various antimicrobial agents available, including antifungals, antivirals and anthelmintics. It gives their actions, clinical use and adverse effects. It is concise, but contains much useful information. There are also short sections on the mode of action of antibiotics, bacterial resistance, combinations of antibiotics, antibiotic policies and the use of antibiotics in renal impairment.

There is a useful chapter on the prophylactic use of antibiotics and an extensive table on the antibiotic treatment of infections. It would be better if in later editions treatment could be detailed under disease entities rather than on the basis of the infecting organism. It may be several days before the infecting organism is finally isolated, and often antibiotic treatment has to be started immediately. A table with a list of diseases, a note as to the most probable pathogen, followed by advice on the appropriate initial antibiotic treatment would be most helpful.

This book is recommended both to the student and prescribing doctor.

J. R. TROUNCE,
Professor of Clinical Pharmacology

"Respiratory Physiology", by Widdicombe and Davies. Pp. 118. Price £4.95. Published by Edward Arnold.

I can wholeheartedly recommend this book to the preclinical student, wishing to tackle respiratory physiology in slightly more depth than is necessary for examination purposes, or to the student who wants a particularly clear account of some aspect which he or she has found hard to understand.

The coverage of the subject is comprehensive. I have particularly examined three areas in which students often have difficulties:

- (1) Ventilation/perfusion inequality
- (2) Acid-base balance, and
- (3) The control of breathing.

Ventilation/perfusion problems are very well explained and admirably brief. Acid-base balance is very good too, as far as it goes, though I would have liked to have seen a diagram, such as that of Davenport, to illustrate how this facilitates understanding acid-base abnormalities. This may well appear in the clinical companion volume, *Respiratory Disorders*, by Cameron and Bateman. It would have helped students to understand what happens after swallowing ammonium chloride, for instance, commonly done as part of a practical class. The control of breathing section of the book is also rather brief, though most relevant areas are mentioned.

I think the size (118 pages) and price (£4.95) make this a better choice than other similar texts.

CHRIS WOLFF,
Senior lecturer,
Department of Physiology

"Illustrated Physiology", by McNaught and Callander. 4th edn. Pp. 291. Price £6.95. Cover S. Published by Churchill Livingstone.

This is an attractively produced book which attempts to present the basic facts of physiology by means of a series of annotated line drawings. This approach leads to oversimplification of the subject, and suggests that physiology may be understood by the learning of a series of invariable facts, without appreciation of the wide variations of physiological functioning which occurs in all systems. In several places the information may be inadequate and misleading. For example the only technique for measuring cardiac output is the direct Fick method. The statement that daily volume of urine lies between 1000 and 1500 ml is clearly contrary to the experience of every drinking student. Finally to state, in 1983, that factors initiating childbirth are largely unknown suggests a less than thorough revision of the book.

I cannot recommend the book for Medical and Dental students, but students of other disciplines may find it of value.

F. J. IMMS,
Senior Lecturer,
Dept. of Physiology

"Companion to 'Illustrated Physiology' ", by McNaught. 4th edn. Pp. 265. Price £4.25. Cover S. Published by Churchill Livingstone.

The companion attempts to complement the diagrams of "Illustrated Physiology" and the material is arranged in the same sequence in the two books. The companion may aid the students understanding of the material, but the depth of presentation is not greatly increased.

F. J. IMMS,
Senior Lecturer,
Dept. of Physiology

"Case Histories in Psychiatry", by Eamonn Fottrell. 1st edn. Pp. 328. Price £6.95. Cover S. Published by Churchill Livingstone.

I enjoyed this book. Dr. Fottrell has produced 57 varied case histories condensed to about one page each followed by up to nine questions and a short list of key relevant papers and review articles. The questions range from the strictly clinical to controversial issues relevant to the case histories. Its greatest value will be to MRCPsych trainees, particularly for the viva, but it will also appeal to interested medical students who want to try out the extent of their knowledge on real cases, and to consultant psychiatrists, who, in total privacy, can discover the extent of theirs! However I

would not recommend this book as a basic text book and I disagree with the publishers that it is a useful reference book for G.P.'s and psychiatric nurses.

B. ROSEN,
Consultant Psychiatrist

"The Drugs Handbook 1983-4", by Paul Turner & Glyn Volans. 3rd edn. Pp. 168. Price £4.95. Cover S. Published by Macmillan Press.

A book such as this which has reached a third edition in five years has clearly found its market and requires no gloss from a reviewer. This latest edition has been brought up to date and takes account of recently introduced drugs such as captopril, ranitidine and cefsulodin (although this latter is mis-spelled!) and the changes in composition of some combination preparations following their recent review by the CSM. It should continue to be of service to paramedical staff such as social workers, secretaries and occupational therapists who need a few sentences of explanation about a newly encountered drug without wishing to go into the detail provided by a textbook of clinical pharmacology or the British National Formulary.

HOWARD ROGERS,
Reader, Dept. of Clinical
Pharmacology

Correspondence

Dear Sir,

As permanent companion and alter-ego to our current President, I thought I should write in his defence regarding the scandalous proclamation issued by that famous confabulator, Eugene Bore.

Mr. Ward, as his friends and allies well know, is a mere 23 years of age. 27 indeed! Where can Bore have got this piece of mis-informed propaganda from? Granted, the strains of Presidency may have advanced the onset of a furrowed brow by a few minutes – but four years?!

Perhaps Bore finds himself ageing prematurely and expects everyone else to follow suit; or has he simply been severely time-warped by his journey into the rarified air of the provinces? More plausible explanation may be that one night too many spent in HQ has resulted in an irreversible state of cerebral deterioration.

Could this be the end of an era? Alas, poor Eugene, I knew him well!

NOMIS DRAW,

Boland House,
Guy's Hospital,
London SE1 9RT.

The Snowflake Ball

Dear Sir,

I should like to congratulate the organisers of this year's Snowflake Ball on a superb evening. I can't remember enjoying a ball at Guy's or anywhere else as much as I did this year's. I only hope that a precedent has been set for future years. Keeping the Ball outside Boland House will ensure that it remains a really special occasion.

Jane Stebbing and her team worked incredibly hard and to excellent effect. There have been some comments in the *Gazette* regarding the timing and cost of the Ball. With regard to the timing, I would remind Eugene Bore that in previous years many final year medics went away on their electives before the Ball and it would have been a shame, I think, if the thirty or so of us who went this year had been denied the opportunity by a "more convenient" date.

As to the price of the Ball, I agree that it was expensive, but I wonder if many Clubs' Union members are aware that the proportion of their capitation fees spent on social functions is a mere 1% (£600 of £60,000) – it is surprising that Guy's social events are hardly subsidised, and not fair on those who don't take part in sport – these days probably a large proportion of the students. The "Fred Wedlock" promotion was a classic example of the need to be able to subsidise some events to give Guy's a varied and enjoyable social life.

Yours sincerely,

PHILIP TAYLOR,

Boland House,
Guy's Hospital,
London SE1 9RT.
23rd November.

R. E. Irvine

Dear Editor,

Thank you very much for your kind mention of my honour in the latest *Gazette*. I was touched that you should have noticed it.

I have been a *Gazette* reader for over forty years now and I still find it full of interest. I have had Guy's housemen on my firm for a long time now and I am delighted to find how well they are trained. Guy's remains a wonderful medical school.

Yours sincerely,

R. E. IRVINE, C.B.E.,

St. Helen's Hospital,
Hastings, TN35 5AH.

Annie Zunz

Dear Sir,

I was very interested in Dr. Rosser's article, "Who Was Annie Zunz?", in the September issue of the *Gazette*. In addition to the hospitals he mentions which have a ward called "Annie Zunz", I can add the Chelsea Hospital for Women.

Yours faithfully,

T. M. COLTART,
Consultant Obstetrician
and Gynaecologist,

Guy's Hospital,

London SE1 9RT.

Raymond Day

Dear Mr. Cronshaw,

Mike Maberley recently gave me your name as Editor of the Journal and I am writing on behalf of the family of a Guy's man who has recently died.

He was Raymond John Graham Day, J.P., B.D.S., L.D.S., R.C.S. and an Honorary Alderman of the District and City of St. Albans. He died on 28th September and a Memorial Service to him was held in St. Albans Abbey on the 4th November at 11 a.m.

If you should require any other information I would be only too pleased to supply it.

Yours sincerely,

C. J. BAYLEY,

Managing Director,
S. S. White Ltd.,
Harrow, Middlesex.

How to win friends and influence people

Dear Dr. Powlson,

Please find enclosed information about the new calorie-controlled fast food restaurant in 49-51 Whitehall, called *Slinky's*.

I would like to invite you to try it for yourself and meet the Managing Director and owner Patricia Gibson whose idea this super project it.

Please could you let me know if you could make it for lunch one day soon and I will arrange it.

I look forward to hearing from you.

Yours sincerely,

NICOLA SCOTT-TAYLOR,
P.R. Partnership Ltd.,
The Old Mill,
Creek Road,
East Molesey, Surrey.

INTRODUCTION

Congratulations to our new crop of Blues. Over the past few years, meetings of the Blues Committee have been poorly attended, one being attended by only two members. This has reflected the scarcity of Full Blues amongst students. However, at more recent meetings there have been many more Blues present. This has been simultaneous with the award of Blues to younger students, i.e. before their final year. Standards have not dropped, nor does it indicate that the bigger clubs have become more successful. It seems to be due to the resurgence of the smaller clubs and recognition of their contribution to Guy's achievements.

One such club is the Athletics Club, whose successes this summer have already been reported. Its sister, the Cross-Country club, has only just started its season, but is already doing well, positioned ninth in a league of 40 clubs.

I shall be away for the next two months, visiting India, where coincidentally the West Indies cricket team are on tour. I look forward to sunny days spent watching exciting scoring. Wiktor Zbrzezniak, your Guy's cricket correspondent, will be taking over.

I wish you all a Happy Christmas.

MB

BLUES AWARDS

At the Blues Committee meeting held on Tuesday, 25th October, the following awards were made:

Athletics

Rifat ATUN	)	
Michael MARTIN	)	Full Blues
Michael HACKETT	)	
David LLOYD	)	
Michael MARSH	)	Half Blues
Simon PETRIDES	)	
Joanne TAYLOR	)	

Badminton Club

Jayne GOTT	)	
John TUNG	)	Half Blues

Cricket Club

Iain CRANSTON	)	
David MCGUCKIN	)	Half Blues
Wiktor ZBRZEZNIAK	)	

Fencing Club

David CLEMETSON	)	Full Blues
Patrick KEATING	)	
Mark TAYLOR	)	Half Blue

Ladies Squash

Alison LAW	)	Half Blue
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Ladies Swimming

Sian DAVIES	)	Full Blue
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Tennis Club

Rod JENNINGS	)	
Naresh JOSHI	)	Half Blues
Shuaib NASSER	)	

M. C. E. Hutchinson
Hon. Sec.

RUGBY CLUB

Guy's 1st XV v. Cambridge University Lost 45-3

This fixture is almost as old as the game of rugby itself, so it would be a pity if it were ever relinquished. A modest crowd assembled on a cool, damp day to watch the University side add to their already impressive cumulative score. It is a long time since Guy's won at Grange Road, although there have been a few close results in the last decade. The Guy's team always lives in hope, looking to the occasion when Cambridge fail to fulfil the expectations of their supporters. This was not the day.

The Hospital side played spirited rugby but were unable to match the speed and determination of the Cambridge wings. Indeed the first half was an even affair. Poplewell attacked the goal posts before the opening whistle. It is not certain whether the swaying poles impressed the opposition but the groundsman looked alarmed. It may have had an effect, because Guy's scrumming was impressive and it was satisfying to watch the Cambridge pack reeling backward. Poole began the game with a superb clearing kick which he tried all afternoon to emulate, but without success. The remainder of the backs also started with a flourish, showing a willingness to run with the ball at every opportunity. Docker harassed with success, Jones and Leigh made sporadic breaks and Maggs ran with his unpredictable style. Hackett kicked a penalty but missed two difficult attempts.

By half time, Cambridge realised they had a game on their hands and only a few points separated the teams.

As the game progressed, the University became more settled and started to display their characteristic flair, running out of defence and relying on their quick wits and fitness. Once it was realised that their right wing could outpace Reece, he was constantly fed the ball and a rapid succession of tries followed. Guy's continued the contest at every phase of play but, whereas they had opened with some inventive running, their play became increasingly stultified. The forwards battled magnificently throughout and it was unfortunate that the efforts of the team were not rewarded with at least one try. Jones left the field with an injured shoulder before the final whistle but the outcome was by then not in doubt.

Team: C. Popplewell, E. Rose, G. Parry, K. Conche, S. Rayner, M. Ling, G. Meharg, P. Chew, R. Docker, N. Poole (Capt.), A. Jones, J. Leigh, D. Maggs, M. Reece, M. Hackett.

Guy's 1st XV v. Old Dunstonians

H.O.P. 15th October

Won 21-3

This was an encouraging and entertaining game; conditions were appalling, with a swirling wind and heavy rain which swept in sheets across the pitch. Astonishingly, Guy's decided to play open rugby and run the ball at every opportunity. It was an unconventional approach for such weather, but it worked.

The first half saw Guy's establish a gradual superiority which they did not relinquish. The pack worked well and unselfishly to obtain a steady supply of possession which Docker embellished with stealthy kicks or lengthy passes to Poole. Only occasionally did Dunstonians disrupt this solid liaison between pack and half backs. At times, the back row picked up from the scrum but Guy's looked most threatening when the ball was moved down the line and especially when Maggs was in possession. It was very much his game. He scored the first try with an erratic and confusing run close to the line. This he converted.

In the second half, Guy's never looked like losing their grip. Reece gained a magnificent solo try after running from his own half, kicking ahead and racing to touch down. This compensated for his lack-lustre performance against Cambridge the prece-

ding week. In the last quarter, Chew picked up and forced his way over for the third try. Both second half scores were converted by Maggs who also added a penalty to his total. Dunstonians answer was a solitary penalty.

It was a satisfactory result for Guy's whose open style of play succeeded when it shouldn't have. The same philosophy on a dry day could help the side achieve more points than in many previous seasons.

Team: G. Parry, L. Lewis, C. Popplewell, N. Roberts, K. Conchie, P. Chew, M. King, G. Meharg, R. Docker, N. Poole, J. Leigh, M. Davies, M. Reece, D. Maggs, P. Baldwin.

RUGBY CLUB 2nd XV

OK then, you've had the sissy stuff for the last couple of months, now it's time for the *Gazette's* answer to the video nasties! By popular demand, I am pleased to report on the comings and goings of the 2nd XV. Our season began in September, with a visit to Old Becchemians. It was one of those sunny days that now seem long past and a strong 2nd XV, complete with some old(ish) and some very new faces, began with a try in under two minutes. A fine start indeed and soon built upon with some excellent kicking from Tim Lloyd (where are you now?) which saw Guy's reach half-time with a twelve point lead. Over confidence, however, crept in and Guy's seemed to develop an allergy to tackling. A few silly mistakes later and Guy's were trailing, but they showed great spirit to come back in the last quarter and score another try from some fine work by Peters and Hogan to send Griffiths over. The game ended soon after with the score at 24-18 in the opposition's favour.

Passing right along, and ignoring the U.S. Portsmouth debacle, we arrive at the game against Sutton and Epsom. With the Captain now turned manager through injury, the team played superbly (no connection) to win by two tries (Matt Davies) and two penalties to three penalties. The game was played at a furious pace, which suited the rejuvenated Guy's pack, who competed superbly throughout and were deserved winners. This fine win at home was followed up by one of the best wins by any Guy's side I've ever seen. Whilst England were struggling to contain Canada in those awful conditions, Old Dunstonians 2nd XV were having similar problems with Guy's 2nd's. The sides were well matched in

terms of size and fitness, but, where determination was concerned, Guy's 2nd's were in a different league. A difficult game for the backs served only to spur the forwards on to feats of greatness. Often finding themselves entrenched inside their own 22, and playing against the wind, Guy's repeatedly pushed, rucked, mauled and cajoled the opposition back up the field to retain the upper hand and eventually ran out winners by 15 to 6. The scoring was shared between Staker, Bryant and Hayley.

On then to Cinderford for some 'armless fun! As usual, a whole new 2nd XV represented Guy's on this trip – (why won't people travel to Cinderford?). The day was crammed full of memorable events, none of which has anything at all to do with playing rugby. However, the team performed extremely well and were unlucky to lose by 10 points to 7, since they led by 7 points to nil for most of the game. This game was followed by another wee hiccup v. Purley, but we won't talk about that here. Come Saturday, 12th November, the Guy's 2nd's trekked to Osterley complete with a refreshed, rejuvenated, and rebuilt Terry Gibson. A dull game really that was enlivened only by the odd flash of enterprise from the Guy's side. Tries from Hayley and McGuckin and the kicking skills of Bryant saw the glorious 2nd's win by 16 points to 6.

Apologies for the sketchy reports, but this rapidly ageing brain is not what it used to be. Many players deserve special mention, but since 47 of them have so far represented the 2nd's it would be pointless even to try. Many thanks to those of you who have played. So far, we've won 3 and lost 4, so the prospects for the remainder of the season look good. They would, of course, improve greatly with better attendance at training which is now held at 6.30 p.m. on Mondays in the Pavy gym and at 6.00 p.m. on Thursdays at H.O.P. Those people attending training become honorary members of the Poole School of Cool (P.S.O.C.) which can't be bad – I mean, look what it's done for me! Why not give it a try chaps.

Nigel's valet

Guy's 4th XV v Old Dunstonians 4th XV Won 40-0

The above scoreline represented an historic moment in 4th team history – the first win in two years for a side which quite

unashamedly has moved from totally sociable rugby to totally sociable rugby and winning as well. Can the two go together?

This match started as most 4th team games do on the playing-fields of Guy's bar press-ganging unwilling players, temporarily intoxicated into an afternoon stroll for the next day. Let me take you through a typical Friday night in the bar:

5.00 pm: need prop, 2nd row, fly-half,
wing

7.00 pm: need a 2nd row, fly-half

8.00 pm: need 2nd row

10.00 pm: FULL TEAM

10.01 pm: need scrum-half (due to a drop-out)

10.05 pm: need prop (due to loose-head
having first game at scrum-half)

and so it goes on.

By some miracle, a full team was rounded up with the assistance of my amiable brother, Tiny Barry. And so we headed towards the depths of S.E. London to do battle with the wind as well as the opposition.

Positions had been slightly altered with a prop playing No. 8, one flanker playing scrum-half, while the other played on the wing and a centre playing full-back.

The first half was played against the wind and Guy's managed to hold the home team to 0-0 at half-time. In the second half, Guy's opened up with a try started by S. Carruthers who made a penetrating run down the middle of the pitch and by passing after several demands from M. Seare, eventually resulted in a try. This led to more by M. Seare, C. Wardle, A. Jones and C. Barry and others who eventually crushed their opposition and established M. Seare in his bid to become the highest scoring player on the pitch, while M. Wood longed for his knitting to alleviate the boredom during kicking.

The most notable moment of the match goes to the illustrious leader of this band of renegades, C. Barry, who, in the midst of deciding whether to kick or pass backwards, instead threw forwards to confuse the enemy. This was undoubtedly a deciding factor in the win as the other team could not take their most dangerous threat seriously afterwards.

Thus the game ended with a thoroughly demoralizing defeat for Old D's which contrasted sharply with the previous year.

Team: J. Little, T. Rockall, M. Seare, L.

Denmark, D. Carruthers, M. Wood, C. Wardle, K. Jacks, D. Guppy, R. Jackson,, S. Carruthers, P. Elvey, M. Allen, C. Barry, A. Jones.

C.B.

Guy's 4th v Charing Cross 3rd's won 25-0

This match arranged at the last minute proved a thoroughly enjoyable run-out for the lately successful 4th team, a game then to prove it wasn't just luck the first time. The first half was well contested with Guy's proving stronger in the set pieces with a notably large front row, sporting that old bastion Chris Howell. He returned as hooker and was seen throwing a ball straight. However only one try was scored, giving a half time score of 4-0. (it must be said at this point that Max Wood, that most eccentric follower, of fashion was sporting his own new Guy's shirt after playing the whole of last season in borrowed shirts. "You looked good Matt."

The 2nd half once more saw Guy's taking the bit between the teeth and saw a flurry of tries from G. Hammersly and D. Vickery one of which was of a very questionable nature. Scores also came from F. Moscuzza and not from E. O'Malley whose kicking in front of the posts was nearly as good as the illustrious leader's handling on the wing. The back row of Wood, Guppy, and Cornish covered well, while the front row eroded their opposite numbers.

Max left the field with a broken nose, convinced that the deviation was due only to bruising, while J. O'Brien managed not to break his, for once.

At the final whistle, the question was being asked: "Could this record of winning be maintained?" So the next thrilling instalment of the Magnificent XV ride West to Purley.

C.B.

The Penetrating XV

Penetrators XV 36 Westcome Park 17
Penetrators XV 24 Battersea Ironsides 4

The Penetrators began the season with two comprehensive victories over Westcombe Park and Battersea Ironsides, the Ironsides living up to their name. A Penetrators pack that was pushed backwards at most scrums proved highly mobile and won most of the second phase ball providing the back division with plenty to do. Some Penetrating runs by Simon Petrides and Jamie Ferguson made a lot of

ground and eventually the points rolled in. Thirty-six against Westcombe Park and twenty-four against the Ironsides.

Team v Westcombe Park: Underwood, Cowell, Flannagan, Ferguson, Clemetson, D. Dyer, Petrides, Clemetson, C., Jones, McGuckin, Searle, O'Brart, Bullock, Martin, Zangouras.

On 1st October the Penetrators played a strong Mitcham side. A rather confident Mitcham side were soon surprised. Scrummage ball was forthcoming and Pete Dooley made a welcome addition to the line-out. Nil - nil at half time and all seemed well. The opposition line was crossed twice but the ball wasn't grounded. In the last quarter a couple of drop goals from Mitcham sealed the score at 0-6.

Team v Mitcham: Fisher, Underwood, Flannagan, Ferguson, Hennesey, Slater, Petrides, Zangouras, Guppy, Dooley, Searle, Gould, Barnick, Martin, Seare.

Gale force winds and sheeting rain saw the Penetrators lined up against the Old Dunstonians. The weather demanded a tight game, and even this was difficult. The wind and rain combined to make handling impossible and scrummaging became the order of the day. A new look front row of Paul Häggquist, Chris Wray and Colin Davidson overwhelmed the Dunstonian front row and succeeded in taking seventy-five per cent of the opposition put in. Unfortunately despite repeated attempts at attack, no headway could be made against the weather and the mud; so the final score remained at 3-3.

Penetrators 22 Purley 6

Fitness, support and good handling prevailed as the Penetrators overwhelmed a competent Purley team. The entry into the backrow of Steve Mihill and Phil Taylor made an obvious difference. Place kicking went badly and four tries went unconverted. Tries were from Ferguson, Petrides, Slater, Taylor and Davidson.

Team: Owens, Underwood, Dowson, Ferguson, Shaheen, Slater, Petrides, Taylor, Mihill, Zangouras, Searle, McCulloch, Davidson, Martin, Häggquist.

Many thanks to Terry Gibson and Inky Neill for refereeing earlier in the season.

Freshers XV **Freshers XV v KCIII's** Won 36-18

This was the first in a series of matches

played every year to elucidate the players who will rise to greater heights in the club and also to achieve a team spirit amongst the new arrivals.

The first match proved to be an awesome sight with King's College III's looking hungry for victory and indulging in counts to 5 and other such tiresome warm-ups. Guy's meanwhile preferred the more leisurely stretching exercise ergodynamically designed to improve one's performance. This in fact had been a great leap forward in warm-up technique from the previous year.

A lot was at stake as a certain blond haired sceptic?? from the 'A' team could not believe that the freshers could do better than the 'A' team. He was wrong as we showed.

Guy's fought well against a stronger and better disciplined pack but the first score came from a penalty scored by KC. This spurred Guy's into a fury which led to a try by M. Seare and opened the way for more, but the Freshers were unable to capitalize on this, making the score only 7-3 at half time. After the interval came many of the team, notably Giles Hammersby, and a charge-down try by C. Barry after a superb overhead kick-forward by centre-half-come prop Paul Taylor (borrowed from the football team). Reports by the try-scorer were given with that same modesty associated normally with a certain Nigel Poole.

M. Searle attempted once more to become highest scoring player on the pitch and has confirmed his vocation as a three-quarter. His assistant, a certain J. Murphy, a mercenary from KC Hospital (ex), undoubtedly helped towards this fine victory. All the Freshers played well with A. Watts putting in a timeless performance while F. Moscuzza risked life and limb to rescue the famous Guy's tap down ball. The 2nd rows of Duncan 'Moosehead' Brookes and Dave Carruthers added much needed height to the line out.

It must be said, however, that probably the most promising Freshers was the fullback; although strangely familiar and seemingly advancing in years, he should undoubtedly rise to greater heights in the club. The name of K. Underwood is one to watch.

Thus the game ended with a number of consolation ties given to KC and a promis-

ing team of Freshers, and not so fresh Freshers, being formed.

Team: P. Taylor, T. Rockall, M. Seare, D. Bewick, D. Carruthers, A. Watts, P. Davis, P. Greedy, F. Moscuzza, J. Murphy, G. Hammersley, P. Elvey, C. Redman, C. Barry, K. Underwood.

P.S. Any fresher who wishes to play rugby please make himself known to me.

Chris Barry

CROSS COUNTRY CLUB

Once again, we have entered teams in the London Colleges' Cross Country League and, on Wednesday, 26th October the nucleus of the club fared the first event. One hundred and eighty men and forty women took part in the race around Hampstead Heath. The course length was 2.6 miles for the ladies and 5.6 miles for the men. This being the first event of the season, we were all rather anxious and during the race some of us regretted not having done more training. Nevertheless, all our members finished and thus scored essential points for us.

Ladies	Position
Julie Hume-Kendall	11
Karen Pereira	12
Sarah Hall	30
Men	
David Lloyd	42
Mick Martin	87
Simon Rayner	122
Andy Williams	135
John Donaldson	150

Unfortunately, two of our heroes, Ken Hall and Richard Cowell were unable to run owing to incapacitating injuries.

Our second league match took place on November 9th at Middlesex Polytechnic's Trent Park site in Enfield. With "finals" fast approaching and Mick Martin incapacitated(?) with a fractured rib, we could only field one team. The course was quite hilly, and for those of us without spikes, very slippery. Marcus Field, making his debut for Guy's, finished 59th and then Andy Williams, Ray Shadwari and Adrian James finished 128th, 133rd and 139th respectively. After the race we retired to a very pleasant tea and cake shop for a small celebration. After one match we were equal 7th position in Division II.

Future events include:
23rd November: Cross-country Match
Shooter's Hill, London

10th December: University of London
Cross-Country Championships
18th January: Cross-Country Match,
Guildford
21st January: National Medical Students
Cross-Country Championships, Not-
tingham

Anyone who would like to run, especially
any ladies, please contact the club through
the pigeon holes.

A.W.

BOAT CLUB

The launching of two new sculling boats
took place on Saturday, 22nd October at
Putney, where they were built. Among
those attending were our President, Mr.
James Mansie, who launched the boats, Mr.
and Mrs. Bompas, and Mr. and Mrs. James,
parents of former Captain, Adrian James.

The boats were named after two former
eminent boat club members: J. C. Cooper
Forster who used to row, cox and coach in
the 1930's and 40's and 'J. M. C. Davies
Colley who was the Boat Club President
from 1879-1900. He was responsible for
getting the club back on its feet after its
collapse between 1870 and 1879. Both
men became surgeons at Guy's.

The boats, made by Sims of Putney, are
light-weight, racing-shell sculls. Learning to
scull, which is somewhat different to

rowing, has previously not been easy at
Guy's, owing to a shortage of boats.

Adrian James and Andrew Williams,
former Boat Club Vice-Captain, had crash
courses in sculling the week preceding the
launching, which was not itself "sans
incident!"

After catching up on the latest news, Mr.
Mansie christened the boats. The water was
perfect for the occasion as the boys stepped
into what appeared to be a highly unstable
craft. They sculled up river towards
Chiswick and out of view - the right way up
perhaps to the disappointment of a few
poised cameras!

These boats are going to very useful in
the future, as it will enable people to train
independently on the water in their own
spare time. We have, lurking in the ranks of
the Boat Club, a reasonable amount of
sculling skill reaching back to school-boy
days, and already the boats are in high
demand.

The fresher chaps and chapesses are
making impressive progress and have
retained their enthusiasm despite tough
Guy's training and cold, wet outings on the
water at times when any self-respecting
persons would be in bed! Hopefully, they
will be rewarded in the forthcoming UL and
UH Regattas.

M. Scadeng.



Boston Marathon 1983

It's some years since Guy's has entered this "event of events". The course is one of 31 miles from Lincoln to Boston, making it the longest rowing event in the world. We decided to enter in the restricted coxed fours event and our training, based at Thames Rowing Club, began six weeks before the event. The crew consisted of Miriam Scadeng (Cox), Adrian James (stroke), Tom Humphries (3), Andy Williams (2) and Alistair Lammie (Bow). Tom (of

mountaineering fame) had to be persuaded out of retirement but the rest of us agreed that the chance to row with such a talented group of oarsmen such as ourselves would be too much for anyone to refuse! Our efforts were thwarted, however, by an increase in collar size of our No. 4 man – yes mumps had struck stroke! Four weeks later, on his recovery, training recommenced (against medical advice). Four twelve mile outings plus training was all we could manage, but we pressed on hoping to finish the race.



We went up to Lincoln on the Saturday, stopping for sustenance along the way at various inns. We stayed at Tom's parents cottage, a short distance from Lincoln. The night before the marathon saw tension in the air. However, this didn't stop the crew getting through some hefty steaks and most of Tom's dad's vegetable garden!

On waking on the morning of the Marathon, one got that feeling one gets on waking early on the morning of Anatomy MCQ's having done no revision whatsoever (c.f. Andy and Adrian, Junior and Senior BMS Anatomy!).

General chaos at the start meant that we set off out of order amongst a shoal of

sculling boats. We knew that the R.A.F. restricted four, much favoured for the event, were twenty-five minutes ahead of us along with several shell fours (coxed and coxless).

We went off at a rating of 24 which took us comfortably to the lock at 8 miles. On carrying the boat around the lock, we were pleasantly surprised at our time and our physical state. It was from then on that the attitude of the crew began to change – from hoping just to finish, we were now aiming to win.

With encouragement from our cox the rating went up and commitment was total. Apart from two brief stops for "Mars Bars" and fluids, we pressed on without rest. Each

boat we passed saw another surge of effort from the crew. We weren't just passing sculls and restricted fours, we were thundering past coxless fours and anything else ahead of us. To our amazement, we even took the R.A.F. crew about four miles from home. By this stage, Miriam's verbal commands had reached a frenzy in order to keep a tired but determined crew going. With the end in sight, we even managed a sprint which took us over the finish line to the applause of hoards of spectators who were assembled at the club house.

Our time of 4 hours 16 minutes and 30 seconds left us in second place (out of nine crews) in the restricted fours category, beaten narrowly by a strong St. Ives crew. We had, in fact, beaten all but four shell fours, which considering our larger and heavier boat was a fine achievement. Needless to say the crew were ecstatic but totally exhausted.

Next year, with unbroken training, this event is surely within our grasp.

A.J.B.J.

CRICKET CLUB 1st LVI: The 1983 season – a summary of statistics

Viewed from almost all perspectives, the Cricket Club 1st XI had a very disappointing season in 1983, with the exception of a few remarkable individual performances. Initially, the first twelve games of the season were cancelled or abandoned because of the wet Spring. Then followed the disastrous defeat at the hands of Charing Cross in the Hospitals' Cup competition. By the time that the glorious June days had arrived, the promising freshmen had all returned to the books and the team was thus deprived of some tremendous talent. The Sussex tour proved to be a cricketing calamity (although not so socially!), with two games being abandoned due to rain and the third being cancelled by the opposition on the eve of the contest. Thankfully, the season finished on a high note when the Past narrowly defeated the Present in an excellent match in late August.

In many respects, the statistics below highlight the disappointments; however, they also draw attention to a number of remarkable performances.

The match results:

In total, 19 matches were played of

which two were won, thirteen were lost, one was drawn and three were abandoned.

These results reflect slightly unfavourably on Guy's as at least three of the lost games could have gone either way in tight finishes.

Individual performances:

In total, fifty-six people played 1st XI cricket for Guy's in 1983. As last year, the same team did not take the field for two consecutive games. D. McGuckin, C. King and W. Zbrzezniak played in all but two of the games; other than that, only I. Cranston played in over half the games.

Batting Averages (Qualification: 8 completed innings)

	M	I	No.	R	HS	Av	50's
D.							
McGuckin	17	17	3	514	96	36.7	6
I. Cranston	11	10	12	299	71	33.2	4
C. King	17	15	1	217	29	15.5	0
W.							
Zbrzezniak	17	15	0	116	23	7.7	0

Also batted notably: P. J. Rees 70, 60; C. Pocock 8, 24, 59, 1, 2; C. Selmon 1, 59, 1, 9, 4.

The notable performance was that of David McGuckin who scored only twenty-five runs in the first five matches but then went on to have the best season with the bat that any Guy's man has had for a number of years. Iain Cranston was prolific when he chose to play but, this proved to be very infrequently after the first eight games of the season. Christopher King and Wiktor Zbrzezniak both had appalling seasons with the bat for Guy's, but both scored fifties elsewhere.

Bowling Averages (Qualification 10 wickets)

	O	M	R	W	Av.
C. Pocock	50	8	138	11	12.5
I. Cranston	85	12	300	15	20.0
C. King	153	34	426	21	20.3
J. Black	44	2	262	11	23.8

The best bowling figures for 1983: J. Black 8-1-12-5

The bowling figures record no heroic deeds. Christopher King bowled most overs and was very unlucky not to take many more wickets. Iain Cranston bowled well at times, and badly at others. Christopher Pocock took five wickets in an innings, twice, but then had to give up playing to revise for exams. John Black recorded the best figures of the season but was punished severely at other times.

Viewed retrospectively, the Guy's bowling performance in 1983 was far worse than the batting – although this did not seem to be the case at the time.

Fielding:

- (i) Wicket Keeper Dismissals: (Total 13)
 A. Jones _____ 3 (all ct.)
 W. Zbrzezniak _____ 3 (all ct.)
- (ii) Catches: (Total 34)
 C. King _____ 7
 P. Khan _____ 3
 D. McGuckin _____ 3
 C. Tunnadine _____ 3
 W. Zbrzezniak _____ 3

These figures reflect the loss of Ian Leonard as wicket keeper and the failure to find an adequate replacement. W. Zbrzezniak donned the 'keeper's gloves for the first time ever this season for three games only, but together with Andy Jones who played the same number of games, they took most of the dismissals behind the stumps.

Christopher King applied super glue to his hands and attached a magnet to the ball to take four catches in one match while on tour in Brighton. Otherwise, the catches were spread out evenly among the rest of the players with some notable catches by Docker, Meharg and Reynolds – more commonly seen playing 1st XV rugby! On this note, many thanks are extended to all those who played 1st XI cricket in 1983, and especially to those rugby players who turned out at short notice to make up numbers.

Thus, the 1983 season can be summarised but not adequately described by statistics. Finally, congratulations are extended to I. Cranston, D. McGuckin and W. Zbrzezniak on being awarded Half blues for their services to the Club.

Rupert the Bare

ASSOCIATION FOOTBALL S.S.E.E.S. 1 Guy's I 3

A crisp, sunny October morning at Motspur Park saw the start of our campaign in the U.L. Cup. Inevitably, we were late starting, hungover, bleary-eyed football stars bemoaning the early kick-off.

Fortunately, the previous night's revels had done us some good, and we asserted an early superiority. Alex Williams and Anu Biswas, making guest appearances (with only a few pence changing hands, and rightly so, given their reputations), added a little sparkle to our eyes.

Our first goal resulted from a sharp exchange of passes between Alex and others. Nick Tucker's shot was blocked by the keeper and Nav Masani mopped up. Our second came from Ed Rytina's long throw, headed on by Paul Taylor, with Nav Masani again in the right position to score. Our third goal was Nick Tucker's first for the Club. Showing much skill and innovation and composure in front of goal, he cleverly rammed the ball against the ground, sending it bouncing over the keeper's outstretched hands.

At 3-0 up, Biswas decided he had had enough. Gently tackled, he fell to the floor, writhing in agony, rolling over and over, continental style – at least he's learnt something from his flirtation with U.L.U! Off he went, nursed by team supporter and coach driver, Maria.

Though down to ten men, Guy's nevertheless maintained their pressure on the opposition's defence. Everybody had chances, but spurned them, seemingly willing S.S.E.E.S. back into the game. Neil Croucher and Gavin Shannon nearly managed it, but Neil hobbled off injured and Gavin scored an immaculate own-goal. But even with only nine men, Guy's not only held out but kept going for goal. While 8 tried to give Nav his hat-trick, he insisted on avoiding it, missing two easy chances. Neil bravely returned to bring us back up to ten, and Biswas coached and encouraged from the touch-line.

Towards the end, tempers flared, Batterbury frustrated at being continually kicked and S.S.E.E.S. frustrated at being unable to make an impression on the Guy's defence.

And so we proceed to the next round.

Team: Pocock, Rytina, Shannon, Jones, Batterbury, Williams, Croucher, Biswas, Taylor, Tucker, Masani.

Imperial College III 1 Guy's I 6

Travelling to Harlington at the end of Runway 1, Heathrow Airport, we looked forward to a close game. In the event, Guy's outclassed a dismal I.C. 3rd XI that showed some individual skill, but no team organisation.

Guy's dominated from the start. From a throw-in on the left, Nick Tucker battled hard to push the ball to the near post where "Sniffer" Batterbury neatly took the ball off Paul Taylor's toes to score. Goal number two also resulted from a throw. Nav Masani

deftly curled the ball past the keeper. For the third, Paul Taylor ran powerfully at the Imperial defence, only for the keeper to block his shot and allow Nick Tucker to slop in a simple rebound. And to give us a comfortable 4-0 lead at half-time, Nav picked up a poor back pass and had no difficulty in scoring.

Like champions, certain of victory, we relaxed in the second half, and like the minnows they were, Imperial managed to score a compensation goal, with of course the aid of our keeper. Chris Pocock, called for and left a cross, the defence were bemused, and an Imperial forward made no mistake.

Picking up pace again, Guy's began to make better use of the space available. Guy Rees on his debut for the 1st XI tackled hard in midfield and gradually fitted in with our new style of feet-to-feet passing. Nav completed his hat-trick, winning the ball from a defender and casually netting the ball.

T'Spu Mellor, a last minute replacement for chauffeur Shannon, had no trouble at the back of our defence, despite his sternum. Ed Rytina brilliantly played second fiddle to Batterbury's immaculate first violin.

The sixth goal came from a typically strong run by Rees. Reading the bye-line, he looked up and passed to Tucker on the centre spot. 6-1!

And was Andy Jones really still to be heard muttering, "We can still lose it, boys, we've done it before?"

Team: Pocock, Rytina, Mellor, Barber, Allington, Batterbury, Jones, Rees, Taylor, Tucker, Masasni.

Rudolf

Guy's 1st XI v Imperial College 4th XI

The first had to play I.C. IV twice in one week. At home a very confident performance from the boys resulted in a 4-2 victory. Surprisingly Guy Rees scored a fine goal from the left (not surprising that he scored but that he turned up at all), and in a fine league debut Kwesi also slotted one home. Nav and P.T. spent most of the game skilfully avoiding scoring from positions where missing was extremely difficult; however they each scored one by accident. "The Mouth" assaulted both teams with his vocal cords and has subsequently been charged with g.b.h.

In the return at Heathrow the team seemed to be suffering from severe jet lag in the first 15 minutes and I.C. went one up. We then partially woke up and destroyed them by 7-2. There were many incidents of note. Goals from Tucker, Masani, Taylor, Allington and Marchbanks (on his debut). Chris Pocock made one fine save in goal, similar to that one by Banks from Pele in the World Cup. It is a strange thing that the first team have used at least four 'keepers this season, with many different shades of hair, and they have all been called Chris Pocock! Also in this game "Sternum Stu" increased his collection of midline lesions by using his nose on Mark Allington's occiput.

So to the ULU Cup against QMC 1sts away, a tough one this. A long journey to somewhere near Denmark (except for Batterbury who for some reason lives nearby) did not help. However, we were missing the Irish Fool so some of the boys were predicting a win in the sweep beforehand. Basically after one of their defenders hit his own post for us, we did not look much like winning, and we didn't, by a margin of five goals.

Back to the league, away to LSE III. The return, after many years absence, of "Franz" MacLaughlan at the back was much celebrated – mainly because it meant the regular defence would not be playing. Most of the opposition seemed to take a pathological dislike to our legs, so much of the game was spent in fear of severe injury. These strong arm tactics did them no good as Nav "Wildman" Masani scored another hat-trick. Is Nick Tucker going to buy him a new tee-shirt? Other goals were from Nigel Marchbanks (wisely not wearing his green trousers after what I am led to believe was some fairly strong advice the previous night in the bar when he was wearing them – for some of the time), Andy Jones and Paul Taylor with solid support from Kwesi at the back as the opposition started to run away every time the call of "Kwesi's ball" was heard. After a while, Guy's also saw the wisdom in this avoiding action and did the same. Finally a 6-2 victory gave us ten points out of twelve (more than the last few seasons put together, I'm told).

Dick F. B. Fairweather

Update

The 1st XI are having a great season in the League, beaten only once, gaining 12 out of a possible 14 points and scoring 30 goals. In the cup competitions, however, success has eluded us. We were defeated 5-0 by a good QMC I side in the U.L. Cup. In the U.H. Cup, we met favourites St. Thomas', two divisions above us. Although we held them for a short spell, their superior skill, tactics and fitness proved too much for us, and we eventually fell by 7 goals to 1.

The 2nd XI are also doing well in the League, and are looking for promotion. The 3rd XI however has been less successful, conceding 44 goals in 3 games!

Let's hope the snow keeps away and allows the Guy's steamroller to keep on going. (If not, there's a new snow machine available that gobbles up the snow at the same time as melting it with the heat generated by its action. We've named it "Hypertrophied Masseters" Jones).

Rudolph

MEN'S HOCKEY

Guy's 1st XI 0

R.A.S.R.A. 0

"One of the finest performances I have ever seen" and "Over the moon" were just two of the many complimentary things Captain Robin Russell was heard to say after this brave performance by Guy's 1st XI. With only 9½ players (read on for details) Guy's hung on to their unbeaten record through some of the worst conditions imaginable.

With Dave "Where is he?" Pickering's kit under lock and key in the Medical School, Guy's started with only 10 men. As the whistle blew, the H.O.P. monsoon season started. After only 10 minutes, Lobo was cruelly chopped by one of the uglier members of the opposition, and was able only to hobble around for the rest of the match (what's new?).

With their backs to the wall, the Guy's defence played above itself. Man of the Match, Calver, marked their centre forward out of the game and, with Kearney and Gregg, kept RASRA's scoring chances to the minimum. Last minute call-up goalkeeper Oastler stopped all those shots that did get through.

Brink and the ever-running Beeston fought hard in midfield and Cranston and Dickson were unlucky not to score on the occasional breakaway.

In the end, Guy's did well to keep a clear sheet, conceding 16 short corners whilst only gaining one. Many thanks to Assim for umpiring and to the opposition's umpire for showing us his new long-jump technique.

Guy's 1st XI 0

Peak Freans 1

Well, there we were, merrily driving down the A2 rapidly approaching the Dartford Tunnel, when I thought, "I'm sure their ground isn't this far." The rest of the team were pretty worried as they waited anxiously for my arrival at the opposition's ground in Greenwich. Eventually, more by luck than judgment, we all took to the field against Peak Freans. Skip again won the toss, but this was where his luck ran out. Guy's dominated the first half. "Man of the Match" Gregg played his best match for the club in an unaccustomed rôle in midfield. Pickering was unlucky not to score on a couple of occasions, and once again Beeston lacked the finishing touch at the vital moment.

By some miracle, Peak Freans scored with their only attack of the half. So at half-time we were one down, against the run of play.

The second half started as the first had ended, with Guy's going forward. But we were still unable to put the ball in the net. However, when Phipp was fouled in their area and the umpire pointed to the spot, things looked much brighter. Without regular penalty taker Cranston, Skip took it upon himself to try to level the scores. This proved to be his greatest mistake since taking over as captain, as he flicked the ball at least three feet past the left hand post.

From then on we never looked like scoring the much-deserved equaliser. The only other point worthy of note was Kearney's near sending off for telling the umpire what else he could do on a Saturday afternoon.

That was our first league defeat of the season. Many thanks to Alan Lobo for umpiring. Sorry about the penalty, boys!

Team: Oastler, Russell, Khwaja, Calver, Kearney, Gregg, Thorpe-Beeston, Phipp, Pickering, Barnes, Pritchard.

N.B. Pritchard was extremely unfit!

Guy's 1st XI 0

Woodstock 2

This was not the sort of hockey match that will bring the fans back onto the

terraces on Saturday afternoon.

Skip arrived late and not looking well, complaining of some emetic problems due to the previous evening's liquid indulgences. Guy's were fielding a new look team in a run up to Wednesday's cup game (see later). The ever youthful and anecdotal Sethi returned to strengthen the left, and Cross, from the depths of revision, brought his pads out of retirement.

With the rather ataxic Pritchard blowing his whistle, the game started. Guy's totally dominated the game with the opposition only entering our half twice. It was very unfortunate that on both these occasions they scored. Their first, just before half time came from short corner shortly after "Khwaaj" had had his customary tête à tête with one of the opposition forwards.

Skip's half time words of wisdom fell on deaf ears as Guy's again dominated the game without actually looking like scoring. To end a bad afternoon, Skip put a fine through-ball to the opposition's centre-forward to make it 0-2. I was sick again.

Team: S. Cross, R. Russell, A. Khwaja, N. Calver, T. Sethi, J. Gregg, T. Bring, I. Cranston, D. Pickering, J. Black, G. Thorpe-Beeston.

U.L. Six-a-Side Tournament

And so to Sunday. With Saturday's disaster against Woodstock behind us and a strong team eager and willing(?) to go, I felt confident that we would do well.

Skip decided to play in goal for our first two matches but nine goals later we thought perhaps it wasn't such a good idea. The high point of the day came when Pickering buried a short corner to force a draw out of the Royal Free. Things then got much worse and the memory haunts me so much that I will write no more. However, I was not sick.

Team: R. Russell, T. Bring, J. Gregg, T. Sethi, I. Cranston, D. Pickering.

U.L. Cup 1st Round Guy's 1st XI 3 L.S.E. 1st XI 1

So to the high point of the season so far. Having been beaten by L.S.E. in Sunday's 6-a-side, revenge was very sweet. Skip had made radical changes to Saturday's side, calling up the ever running Upton and Orpington dissenter, Murch, to strengthen the attack.

With the new look team, Guy's played their best hockey of the season. Upton and Thorpe-Beeston dominated their wings and Guy's looked as if they might win for the first time this season. The first goal came from a short corner with Sniffer Murch picking up the deflected shot (take note Dave P.). The second goal followed shortly after, this time from the penalty spot. Skip wisely decided not to take it, but to leave it for Cranston who somehow managed to put it under the 'keeper who was already laying on the floor.

So half-time and 2-0 up, L.S.E. started the second half strongly, and Skip encouraged his players to defend when they had time. However, things looked really bright when Guy's were awarded their second penalty and this time Cranston made no mistake. L.S.E. then threw everything into the attack and scored a consolation, ten minutes from time. With L.S.E. pushing forward, we were unlucky not to score more, but we were happy to keep a two goal lead at the end. Many thanks to Glenn for umpiring again.

Team: S. Cross, R. Russell, J. Gregg, A. Khwaja, T. Sethi, I. Cranston, T. Bring, P. Upton, D. Pickering, M. Murch, G. Thorpe-Beeston.

P.S. Tariq played well (so he told me).

Skip

Hospital Information

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DEATHS

HARRINGTON, John Llewellyn, LDS, MRCS, LRCP (1937 Guy's), dental surgeon, died peacefully on 1st August in his 67th year.

BIRTHS

O'KEEFE - To Drs. Barry & Geraldine, a daughter, Pamela, born 9th March in Belfast. Sister for Jonathan and Andrew.

OPENSHAW - To Peter & Clare, a son Samuel William Stokes Openshaw, born September 15th, 1983.

PARRY - On October 21st, in Doncaster, to Shirley and David, a son, Michael.

CRIPPS - Stuart & Sandy are delighted to announce the adoption of Louise Charlotte Gemma born 10th April, 1983. Adopted 10th October, 1983.

CHANGE OF ADDRESS

WEST, Dr. Roger - Stoneybridge Farm, Latcham, Wedmore, Somerset, BS28 4SB.

VALE - Dr. & Mrs. J. A. Vale, 22 Metcley Park Road, Edgbaston, Birmingham, B15 2PG. 021 454 5642.

BLAKLEY, Mrs. Vivien M. - 5 Princess Court, Wickham Road, Beckenham, Kent, BR3 2LU.

GRANT, E. J. - Surgeon Commander (D), RN, 8 Somerville Road, Rosyth, Fife, KY11 2AW.

PERSONAL

FOR SALE - Camera, Olympus O-M2, standard 50mm lens, 28mm F3.5, 75-150mm 200m, electronic flash, T-20, and holdall. £250.00. Ring ext. 72071.

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